

Fill in this information to identify the case:

Debtor name Caduceus Physicians Medical Group, a Professional Medical Corporation

United States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA

Case number (if known) 8:24-bk-11945-TA

☐ Check if this is an
amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on September 3, 2024

X



Signature of individual signing on behalf of debtor

Howard Grobstein

Printed name

CRO

Position or relationship to debtor

**United States Bankruptcy Court
Central District of California**

In re Caduceus Physicians Medical Group, a Professional Medical Corporation

Debtor(s)

Case No. 8:24-bk-11945-TA

Chapter 11

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
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-NONE-

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the **CRO** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date September 3, 2024

Signature


Howard Grobstein

Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

**STATEMENT OF RELATED CASES
INFORMATION REQUIRED BY LBR 1015-2
UNITED STATES BANKRUPTCY COURT, CENTRAL DISTRICT OF CALIFORNIA**

1. A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor, his/her spouse, his or her current or former domestic partner, an affiliate of the debtor, any copartnership or joint venture of which debtor is or formerly was a general or limited partner, or member, or any corporation of which the debtor is a director, officer, or person in control, as follows: (Set forth the complete number and title of each such of prior proceeding, date filed, nature thereof, the Bankruptcy Judge and court to whom assigned, whether still pending and, if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A/B that was filed with any such prior proceeding(s).)

Caduceus Medical Services, LLC, 8:24-bk-11946-TA, filed on August 1, 2024.

2. (If petitioner is a partnership or joint venture) A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor or an affiliate of the debtor, or a general partner in the debtor, a relative of the general partner, general partner of, or person in control of the debtor, partnership in which the debtor is a general partner, general partner of the debtor, or person in control of the debtor as follows: (Set forth the complete number and title of each such prior proceeding, date filed, nature of the proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending and, if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A/B that was filed with any such prior proceeding(s).)

None

3. (If petitioner is a corporation) A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor, or any of its affiliates or subsidiaries, a director of the debtor, an officer of the debtor, a person in control of the debtor, a partnership in which the debtor is general partner, a general partner of the debtor, a relative of the general partner, director, officer, or person in control of the debtor, or any persons, firms or corporations owning 20% or more of its voting stock as follows: (Set forth the complete number and title of each such prior proceeding, date filed, nature of proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending, and if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A/B that was filed with any such prior proceeding(s).)

None

4. (If petitioner is an individual) A petition under the Bankruptcy Reform Act of 1978, including amendments thereof, has been filed by or against the debtor within the last 180 days: (Set forth the complete number and title of each such prior proceeding, date filed, nature of proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending, and if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A/B that was filed with any such prior proceeding(s).)

None

I declare, under penalty of perjury, that the foregoing is true and correct.

Executed at Houston, Texas, California.

Date: September 3, 2024



Howard Grobstein
Signature of Debtor 1

Signature of Debtor 2

Fill in this information to identify the case:

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United States Bankruptcy Court for the: **CENTRAL DISTRICT OF CALIFORNIA**

Case number (if known) **8:24-bk-11945-TA**

☐ Check if this is an amended filing

Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. Schedule A/B: Assets-Real and Personal Property (Official Form 206A/B)

1a. Real property: Copy line 88 from <i>Schedule A/B</i>	\$ 0.00
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$ 3,502,899.68
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$ 3,502,899.68

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$ 3,981,075.32
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$ 0.00
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$ 3,578,488.76
4. Total liabilities Lines 2 + 3a + 3b	\$ 7,559,564.08

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Official Form 206A/B

Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

**Current value of
debtor's interest**
\$1,000.00

2. Cash on hand

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)		Type of account	Last 4 digits of account number	
3.1.	BMO	Checking	7522	\$410,443.00
3.2.	BMO	Checking	1326	\$6,410.00
3.3.	BMO	Checking	6447	\$3,306.00
3.4.	BMO	Checking	7735	\$61,415.00
3.5.	First Pacific Bank	Checking	7131	\$17,350.00
3.6.	First Pacific Bank	Checking	7149	\$856.00

Debtor **Caduceus Physicians Medical Group, a Professional
Medical Corporation**
Name

Case number (If known) **8:24-bk-11945-TA**

3.7. **First Pacific Bank** **Checking** **0041** **\$957.00**

4. **Other cash equivalents (Identify all)**

5. **Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$501,737.00

Part 2: Deposits and Prepayments

6. **Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.
☒ Yes Fill in the information below.

7. **Deposits, including security deposits and utility deposits**
Description, including name of holder of deposit

7.1. **Bates Johnson Building LTD - security deposit** **\$10,000.00**

7.2. **Glenneyre, LLC - security deposit** **\$9,770.00**

7.3. **908 North Rexford Drive LP - security deposit** **\$3,770.00**

7.4. **Romanov - security deposit** **\$156,181.00**

7.5. **Romanov - security deposit** **\$8,719.00**

8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**
Description, including name of holder of prepayment

9. **Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$188,440.00

Part 3: Accounts receivable

10. **Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.
☒ Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less: **589,967.00** - **0.00** = **\$589,967.00**
face amount doubtful or uncollectible accounts

Debtor **Caduceus Physicians Medical Group, a Professional Medical Corporation**
Name

Case number (If known) **8:24-bk-11945-TA**

11b. Over 90 days old: 328,280.00 - 0.00 =.... \$328,280.00
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$918,247.00

Part 4: Investments

13. Does the debtor own any investments?

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☐ No. Go to Part 6.
☒ Yes Fill in the information below.

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials				
20.	Work in progress				
21.	Finished goods, including goods held for resale				
22.	Other inventory or supplies Perishable vaccines		\$0.00		\$10,000.00

23. **Total of Part 5.**

Add lines 19 through 22. Copy the total to line 84.

\$10,000.00

24. Is any of the property listed in Part 5 perishable?

- ☒ No
☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☒ No
☐ Yes. Book value _____ Valuation method _____ Current Value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

Debtor **Caduceus Physicians Medical Group, a Professional
Medical Corporation**
Name

Case number (If known) **8:24-bk-11945-TA**

- ☐ No. Go to Part 8.
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture Misc. Office furnishings	\$8,000.00		Unknown
40.	Office fixtures			
41.	Office equipment, including all computer equipment and communication systems equipment and software Medical equipment, computers, etc.	\$2,650,874.00		Unknown

42. **Collectibles** *Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$0.00

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

- ☒ No
☐ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

Part 8: Machinery, equipment, and vehicles

46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☒ No. Go to Part 9.
☐ Yes Fill in the information below.

Part 9: Real property

54. **Does the debtor own or lease any real property?**

- ☒ No. Go to Part 10.
☐ Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. **Does the debtor have any interests in intangibles or intellectual property?**

- ☐ No. Go to Part 11.
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60.	Patents, copyrights, trademarks, and trade secrets			
61.	Internet domain names and websites			

Debtor **Caduceus Physicians Medical Group, a Professional
Medical Corporation**
Name

Case number (If known) **8:24-bk-11945-TA**

caduceusmedicalgroup.com
backinmotionyorkbalinda.com
savvysagedoc.com
pdqurgentcareandmore.com
caduceuscash.com pdqtelehealth.com
caduceus4kids.com caduceusforwomen.com
caduceusspecialty.com
caduceusfamilyphysicians.com

\$0.00

\$0.00

62. **Licenses, franchises, and royalties**

63. **Customer lists, mailing lists, or other compilations**

64. **Other intangibles, or intellectual property**

65. **Goodwill**

66. **Total of Part 10.**

Add lines 60 through 65. Copy the total to line 89.

\$0.00

67. **Do your lists or records include personally identifiable information of customers** (as defined in 11 U.S.C. §§ 101(41A) and 107?)

☒ No

☐ Yes

68. **Is there an amortization or other similar schedule available for any of the property listed in Part 10?**

☒ No

☐ Yes

69. **Has any of the property listed in Part 10 been appraised by a professional within the last year?**

☒ No

☐ Yes

Part 11: All other assets

70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☐ No. Go to Part 12.

☒ Yes Fill in the information below.

**Current value of
debtor's interest**

71. **Notes receivable**

Description (include name of obligor)

72. **Tax refunds and unused net operating losses (NOLs)**

Description (for example, federal, state, local)

ETRC Credit

Tax year

\$1,884,475.68

73. **Interests in insurance policies or annuities**

74. **Causes of action against third parties (whether or not a lawsuit
has been filed)**

75. **Other contingent and unliquidated claims or causes of action of
every nature, including counterclaims of the debtor and rights to
set off claims**

Debtor **Caduceus Physicians Medical Group, a Professional
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Name

Case number (If known) **8:24-bk-11945-TA**

76. **Trusts, equitable or future interests in property**

77. **Other property of any kind not already listed** *Examples:* Season tickets,
country club membership

78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

\$1,884,475.68

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

☒ No

☐ Yes

Debtor **Caduceus Physicians Medical Group, a Professional
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Name

Case number (If known) **8:24-bk-11945-TA**

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$501,737.00	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$188,440.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$918,247.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$10,000.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$0.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$0.00	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$1,884,475.68	
91. Total. Add lines 80 through 90 for each column	\$3,502,899.68	+ 91b. \$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$3,502,899.68

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United States Bankruptcy Court for the: **CENTRAL DISTRICT OF CALIFORNIA**

Case number (if known) **8:24-bk-11945-TA**

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Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	Backd <small>Creditor's Name</small> 1949 S 1-35 Frontage Rd Austin, TX 78741 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred 7/31/2024 Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$945,000.00	Unknown

2.2	Bank of the West <small>Creditor's Name</small> 3021 Yorba Linda Blvd. Fullerton, CA 92831 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred Last 4 digits of account number 2653 Do multiple creditors have an interest in the same property?	Describe debtor's property that is subject to a lien Describe the lien UCC Lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply	Unknown	\$0.00
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Debtor		Caduceus Physicians Medical Group, a Professional Medical Corporation		Case number (if known)		8:24-bk-11945-TA			
		Name							
<input checked="" type="checkbox"/> No		<input type="checkbox"/> Contingent							
<input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.		<input type="checkbox"/> Unliquidated							
		<input type="checkbox"/> Disputed							
2.3		BMO Bank NA		Describe debtor's property that is subject to a lien		\$256,972.31		\$0.00	
		Creditor's Name							
		320 S. Canal Street Chicago, IL 60606							
		Creditor's mailing address		Describe the lien					
		Creditor's email address, if known		Is the creditor an insider or related party?					
				<input checked="" type="checkbox"/> No					
				<input type="checkbox"/> Yes					
		Date debt was incurred		Is anyone else liable on this claim?					
		07/27/17		<input type="checkbox"/> No					
		Last 4 digits of account number		<input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)					
		133							
		Do multiple creditors have an interest in the same property?		As of the petition filing date, the claim is:					
		<input checked="" type="checkbox"/> No		Check all that apply					
		<input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.		<input type="checkbox"/> Contingent					
				<input type="checkbox"/> Unliquidated					
				<input type="checkbox"/> Disputed					
2.4		BMO Bank NA		Describe debtor's property that is subject to a lien		\$163,789.01		\$0.00	
		Creditor's Name							
		320 S. Canal Street Chicago, IL 60606							
		Creditor's mailing address		Describe the lien					
		Creditor's email address, if known		Is the creditor an insider or related party?					
				<input checked="" type="checkbox"/> No					
				<input type="checkbox"/> Yes					
		Date debt was incurred		Is anyone else liable on this claim?					
		12/12/2018		<input checked="" type="checkbox"/> No					
		Last 4 digits of account number		<input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)					
		158							
		Do multiple creditors have an interest in the same property?		As of the petition filing date, the claim is:					
		<input checked="" type="checkbox"/> No		Check all that apply					
		<input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.		<input type="checkbox"/> Contingent					
				<input type="checkbox"/> Unliquidated					
				<input type="checkbox"/> Disputed					
2.5		BMO Bank NA		Describe debtor's property that is subject to a lien		\$90,000.00		\$0.00	
		Creditor's Name							
		320 S. Canal Street Chicago, IL 60606							
		Creditor's mailing address		Describe the lien					
				Is the creditor an insider or related party?					
				<input checked="" type="checkbox"/> No					

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation Name	Case number (if known)	8:24-bk-11945-TA
<hr/>			
	Creditor's email address, if known	<input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)	
	Date debt was incurred 01/05/2004 Last 4 digits of account number 26	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.		
<hr/>			
2.6	BMO Bank NA Creditor's Name 320 S. Canal Street Chicago, IL 60606 Creditor's mailing address Creditor's email address, if known Date debt was incurred 08/27/2015 Last 4 digits of account number 109 Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$625,667.00 \$0.00
<hr/>			
2.7	Buchalter Creditor's Name 1000 Wilshire Blvd. Ste. 1500 Los Angeles, CA 90017-1730 Creditor's mailing address Creditor's email address, if known Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$325,341.00 \$325,341.00
<hr/>			

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation	Case number (if known)	8:24-bk-11945-TA
2.8	CT Corp System Creditor's Name 330 N. Brand Blvd., Ste 700 Attn: SPRS Glendale, CA 91203 Creditor's mailing address Creditor's email address, if known Date debt was incurred Last 4 digits of account number 3226 Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Describe the lien UCC Lien - Backd Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown \$0.00
2.9	CT Corp. System Creditor's Name 330 N. Brand Blvd., Ste. 700 Attn: SPRS Glendale, CA 91203 Creditor's mailing address Creditor's email address, if known Date debt was incurred Last 4 digits of account number 3731 Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Describe the lien UCC Lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown \$0.00
2.10	Dell Financial Services LLC Creditor's Name Mail Stop-PS2DF-23 One Dell Way Round Rock, TX 78682 Creditor's mailing address Creditor's email address, if known Date debt was incurred	Describe debtor's property that is subject to a lien Describe the lien UCC Lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)	Unknown \$0.00

Debtor		Caduceus Physicians Medical Group, a Professional Medical Corporation		Case number (if known)		8:24-bk-11945-TA	
		Name					
		Last 4 digits of account number					
		5931					
		Do multiple creditors have an interest in the same property?		As of the petition filing date, the claim is:			
		<input checked="" type="checkbox"/> No		Check all that apply			
		<input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.		<input type="checkbox"/> Contingent			
				<input type="checkbox"/> Unliquidated			
				<input type="checkbox"/> Disputed			
2.1 1		Despierta, LLC		Describe debtor's property that is subject to a lien		Unknown	
		Creditor's Name					
		244 Biscayne Boulevard N					
		4903					
		Miami, FL 33132					
		Creditor's mailing address					
		Creditor's email address, if known					
		Date debt was incurred					
		Last 4 digits of account number					
		6020					
		Do multiple creditors have an interest in the same property?		As of the petition filing date, the claim is:			
		<input checked="" type="checkbox"/> No		Check all that apply			
		<input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.		<input type="checkbox"/> Contingent			
				<input type="checkbox"/> Unliquidated			
				<input type="checkbox"/> Disputed			
2.1 2		Hologic Capital		Describe debtor's property that is subject to a lien		Unknown	
		Creditor's Name					
		P.O. Box 825736					
		Philadelphia, PA					
		19182-5736					
		Creditor's mailing address					
		Creditor's email address, if known					
		Date debt was incurred					
		Last 4 digits of account number					
		5719					
		Do multiple creditors have an interest in the same property?		As of the petition filing date, the claim is:			
		<input checked="" type="checkbox"/> No		Check all that apply			
		<input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.		<input type="checkbox"/> Contingent			
				<input type="checkbox"/> Unliquidated			
				<input type="checkbox"/> Disputed			
2.1 3		LendSpark Corporation		Describe debtor's property that is subject to a lien		\$945,000.00	

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation	Case number (if known)	8:24-bk-11945-TA
Name			
Creditor's Name			
2554 Gateway Road Carlsbad, CA 92009			
Creditor's mailing address			
Creditor's email address, if known			
Date debt was incurred 7/31/2024			
Last 4 digits of account number 4431			
Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.			
Describe the lien UCC Lien			
Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)			
As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			

2.1 4	McKesson Corporation	Describe debtor's property that is subject to a lien	Unknown	\$0.00
Creditor's Name				
6651 Gate Parkway Jacksonville, FL 32256				
Creditor's mailing address				
Creditor's email address, if known				
Date debt was incurred				
Last 4 digits of account number 1269				
Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.				
Describe the lien UCC Lien				
Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)				
As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				

2.1 5	Rise Health Services, Inc.	Describe debtor's property that is subject to a lien	\$629,306.00	\$0.00
Creditor's Name				
244 Biscayne Blvd N 4903 Miami, FL 33132				
Creditor's mailing address				
Creditor's email address, if known				
Date debt was incurred 08/18/22				
Last 4 digits of account number				
Describe the lien				
Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)				

Debtor **Caduceus Physicians Medical Group, a Professional Medical Corporation** Case number (if known) **8:24-bk-11945-TA**
Name

109

Do multiple creditors have an interest in the same property?

☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply
☐ Contingent
☐ Unliquidated
☐ Disputed

2.1 **TIAA Commercial Finance, Inc.**
6

Creditor's Name

**10 Waterview Blvd.
Parsippany, NJ 07054**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

**Last 4 digits of account number
6055**

Do multiple creditors have an interest in the same property?

☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

Unknown

\$0.00

Describe the lien

UCC Lien

Is the creditor an insider or related party?

☒ No
☐ Yes

Is anyone else liable on this claim?

☒ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply
☐ Contingent
☐ Unliquidated
☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$3,981,075.3
2

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

**Corporation Service Co.
Agent for Rise Health Services
251 Little Falls Drive
Wilmington, DE 19808**

Line **2.15**

**CT Lien Solutions
2727 Allen Parkway
Houston, TX 77019**

Line **2.2**

**Hemar, Rousso & Heald LLP
Attn: Alexandra Rhim
15910 Ventura Blvd., 12th Fl
Encino, CA 91436**

Line **2.3**

**Hemar, Rousso & Heald LLP
Attn: Paul N. Andonian
15910 Ventura Blvd., 12th Fl
Encino, CA 91436**

Line **2.4**

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation <small>Name</small>	Case number (if known)	8:24-bk-11945-TA
	Hemar, Rousso & Heald LLP Attn: Paul N. Andonian 15910 Ventura Blvd., 12th Fl Encino, CA 91436	Line <u>2.5</u>	
	Incorporating Services Ltd. Attn: Brooks Ferrett 3500 S. Dupont Hwy Dover, DE 19901	Line <u>2.11</u>	
	UCC Direct Services 2727 Allen Parkway Houston, TX 77019	Line <u>2.2</u>	
	Wolters Kluwer Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	Line <u>2.10</u>	
	Wolters Kluwer Lien Solutions P.O. Box 29071 Glendale, CA 91209	Line <u>2.2</u>	

Fill in this information to identify the case:

Debtor name **Caduceus Physicians Medical Group, a Professional Medical Corporation**

United States Bankruptcy Court for the: **CENTRAL DISTRICT OF CALIFORNIA**

Case number (if known) **8:24-bk-11945-TA**

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address Acosta, Joanna 3509 West Avenue Fullerton, CA 92833	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	Unknown
	Date or dates debt was incurred	Basis for the claim: Employee - Notice only		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			
2.2	Priority creditor's name and mailing address Acosta, Joseph 15838 Hayland Street La Puente, CA 91744	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

Debtor		Case number (if known)	
Caduceus Physicians Medical Group, a Professional Medical Corporation Name		8:24-bk-11945-TA	
2.3	Priority creditor's name and mailing address Acuna, Emma 460 Sunrise Rd Perris, CA 92570	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.4	Priority creditor's name and mailing address Adachi, Kaitlyn 124 North Tustin Avenue Apt. B3 Anaheim, CA 92807	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.5	Priority creditor's name and mailing address Admire, Andrew 7674 E. Big Canyon D Anaheim, CA 92808	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.6	Priority creditor's name and mailing address Aglugub, Juliann Ferrice F. 297 Duranzo Aisle Irvine, CA 92606	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	8:24-bk-11945-TA
2.7	Priority creditor's name and mailing address Aguilar, Belen 350 E. 59th Place Los Angeles, CA 90003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.8	Priority creditor's name and mailing address Aguilar, Isabell 175 South Rio Vista Street Anaheim, CA 92806	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Employee - Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.9	Priority creditor's name and mailing address Aguilar, Kimberly 123 Calle Amistad Apt 9207 San Clemente, CA 92673	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Employee - Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.10	Priority creditor's name and mailing address Aguilar, Selene 351 S Clark St Orange, CA 92868	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Employee - Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation <small>Name</small>	Case number (if known)	8:24-bk-11945-TA
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2.11	Priority creditor's name and mailing address Aguilar, Stephanie 3133 Triumph Lane #1 Ontario, CA 91764	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.12	Priority creditor's name and mailing address Aguiniga, Isaiah Gregory 609 Giano Avenue La Puente, CA 91744	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	Unknown
	Date or dates debt was incurred	Basis for the claim: Employee - Notice only		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.13	Priority creditor's name and mailing address Aguirre, Cecilly 10865 Maybrooke Ave Whittier, CA 90603	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.14	Priority creditor's name and mailing address Aguirre, Christina 266 Backs Ln Apt B Placentia, CA 92870	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	Unknown
	Date or dates debt was incurred	Basis for the claim: Employee - Notice only		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation <small>Name</small>	Case number (if known)	8:24-bk-11945-TA
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2.15	Priority creditor's name and mailing address Aguirre, Jim 4958 E Glenview Ave Anaheim, CA 92807	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	Unknown
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Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Employee - Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.16	Priority creditor's name and mailing address Ahmed, Roma 832 Las Palmas Irvine, CA 92602	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
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Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.17	Priority creditor's name and mailing address Aldama, Elicia 1278 W. King Street San Bernardino, CA 92401	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
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Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.18	Priority creditor's name and mailing address Aleman, Cheyanne 3466 Tipperary Way Riverside, CA 92506	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
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Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation	Case number (if known)	8:24-bk-11945-TA
	Name		
2.19	Priority creditor's name and mailing address Alhankawi, Ahmad 8424 Wilson Ct. Rancho Cucamonga, CA 91701	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.20	Priority creditor's name and mailing address Alicante, Christopher 9 Calle de Cabos Pomona, CA 91766	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.21	Priority creditor's name and mailing address Allece, Hannah 452 W. Columbia Ave Pomona, CA 91768	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.22	Priority creditor's name and mailing address Allen, Kenesh 22702 Pacific Park D Apt. P14 Aliso Viejo, CA 92656	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation <small>Name</small>	Case number (if known)	8:24-bk-11945-TA
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2.23	Priority creditor's name and mailing address Alvarez, Jennifer 546 Dora Guzman Ave Apt. D La Puente, CA 91744	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
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Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.24	Priority creditor's name and mailing address Alyssa Tonelli DO 6031 Calle Mirador Yorba Linda, CA 92886	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
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Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Employee - Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.25	Priority creditor's name and mailing address Amador, Charles 6607 N. Figueroa Street #7 Los Angeles, CA 90029	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
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Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.26	Priority creditor's name and mailing address Amador, Claudia 281 S Buena Vista Av Apt 308 Corona, CA 92882	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
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Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation <small>Name</small>	Case number (if known)	8:24-bk-11945-TA
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2.27	Priority creditor's name and mailing address Anderson, Miya 5992 Kingsbriar Drive Yorba Linda, CA 92886	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	Unknown
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Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Employee - Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.28	Priority creditor's name and mailing address Anderson, Miya 5992 Kingsbriar Drive Yorba Linda, CA 92886	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
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Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.29	Priority creditor's name and mailing address Anderson-landis, Terrye 3296 Wrightwood Dr. Studio City, CA 91604	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
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Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.30	Priority creditor's name and mailing address Antignolo, Stephanie 1220 N. Ravenna St. Anaheim, CA 92801	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
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Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation <small>Name</small>	Case number (if known)	8:24-bk-11945-TA
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2.31	Priority creditor's name and mailing address Antunez, Alyssa 25520 River Bend Dr. Apt. 5G Yorba Linda, CA 92887	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
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Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.32	Priority creditor's name and mailing address Arellano, Angelica 47 Ballantree Rancho Santa Margarita, CA 92688	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
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Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.33	Priority creditor's name and mailing address Arellano, Anissa 630 Lehigh Drive Claremont, CA 91711	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
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Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.34	Priority creditor's name and mailing address Arredondo, Yailene 17801 Calle Barcelon Rowland Heights, CA 91748	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
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Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation <small>Name</small>	Case number (if known)	8:24-bk-11945-TA
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2.35	Priority creditor's name and mailing address Arredondo-Ortega, Jenny 1312 S. Petal Pl Anaheim, CA 92805	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
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Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.36	Priority creditor's name and mailing address Arroyo, Isabella 6579 Woodburn Lane Yorba Linda, CA 92886	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	Unknown
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Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Employee - Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.37	Priority creditor's name and mailing address Aschrafnia, Madina S. 95 Shadywood Irvine, CA 92620	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
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Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.38	Priority creditor's name and mailing address Avila, Alexis 3213 Topaz Lane Fullerton, CA 92831	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
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Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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	Debtor Caduceus Physicians Medical Group, a Professional Medical Corporation Name	Case number (if known)	8:24-bk-11945-TA
2.39	Priority creditor's name and mailing address Avila, Erica 1117 De La Garza St Apt. C San Clemente, CA 92672	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.40	Priority creditor's name and mailing address Ayad, Azza 21700 Thistledown Cr Yorba Linda, CA 92886	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Employee - Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.41	Priority creditor's name and mailing address Ayala, Giovanni 600 W. 3rd Street Rialto, CA 92376	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.42	Priority creditor's name and mailing address Ayala, Julissa 1250 E Superior Ave #C La Habra, CA 90631	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Employee - Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation	Case number (if known)	8:24-bk-11945-TA
	Name		
2.43	Priority creditor's name and mailing address Ayento, Kevin 16402 Fox Hollow Way Chino Hills, CA 91709	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.44	Priority creditor's name and mailing address Ayento, Kristina 16402 Fox Hollow Way Chino Hills, CA 91709	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.45	Priority creditor's name and mailing address Ayento, Kyle 16402 Fox Hollow Way Chino Hills, CA 91709	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.46	Priority creditor's name and mailing address Ayoub, Catherine 564 Mondale Street Corona, CA 92879	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation <small>Name</small>	Case number (if known)	8:24-bk-11945-TA
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2.47	Priority creditor's name and mailing address Baez, Priscilla 3411 Grand Vista Park #306 Riverside, CA 92503	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
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Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.48	Priority creditor's name and mailing address Baklayan, Beatrice 3085 W. Fairmont Ave Fresno, CA 93722	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
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Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.49	Priority creditor's name and mailing address Balderas-Gallardo, Bianco 9795 Coalinga Ave Montclair, CA 91763	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
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Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.50	Priority creditor's name and mailing address Balderas-Gallardo, Luiza 9795 Coalinga Ave Montclair, CA 91763	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
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Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation <small>Name</small>	Case number (if known)	8:24-bk-11945-TA
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2.51	Priority creditor's name and mailing address Bales, Kathleen 1001 S. Dewcrest Dr. Anaheim, CA 92808	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
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Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.52	Priority creditor's name and mailing address Ballesteros, Nancy 7048 Toledo Ct. Huntington Beach, CA 92648	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
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Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.53	Priority creditor's name and mailing address Baltazar, Gloria 1734 N. Rancho Ave Colton, CA 92324	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
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Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.54	Priority creditor's name and mailing address Banuelos, Chantal 1049 N. Glassell St Orange, CA 92867	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
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Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation <small>Name</small>	Case number (if known)	8:24-bk-11945-TA
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2.55	Priority creditor's name and mailing address Barajas, Tavana 10398 Jurupa Rd. Mira Loma, CA 91752	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.56	Priority creditor's name and mailing address Barnes, Delmetra 6440 Western Avenue #A Buena Park, CA 90621	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.57	Priority creditor's name and mailing address Bartolo, Jessica 225 S. Acacia Ave Fullerton, CA 92831	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.58	Priority creditor's name and mailing address Belan, Melissa Ann 10395 Plumeria Ct., #3 Rancho Cucamonga, CA 91730	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation <small>Name</small>	Case number (if known)	8:24-bk-11945-TA
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2.59	Priority creditor's name and mailing address Bell, Angela 8182 Whitaker St Buena Park, CA 90621	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Employee - Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.60	Priority creditor's name and mailing address Benton, Kellen 5815 E. La Palma, #124 Anaheim, CA 92807	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.61	Priority creditor's name and mailing address Berciano, Destenee 201 N. Wayfield St Apt. 95 Orange, CA 92867	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.62	Priority creditor's name and mailing address Blanchard, Kailynn 25872 Paseo Pacifico Moreno Valley, CA 92551	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation <small>Name</small>	Case number (if known)	8:24-bk-11945-TA
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2.63	Priority creditor's name and mailing address Blankenship, Erin 8990 19th Street, #392 Rancho Cucamonga, CA 91701	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.64	Priority creditor's name and mailing address Bocinski, Jessica 5480 Copper Canyon Unit F Yorba Linda, CA 92887	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.65	Priority creditor's name and mailing address Bousmail, Leanne 25 Langford Irvine, CA 92602	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.66	Priority creditor's name and mailing address Bouvier, Constance 4682 Warner Avenue #A110 Huntington Beach, CA 92649	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 Unknown
Date or dates debt was incurred		Basis for the claim: Employee - Notice only	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation Name	Case number (if known)	8:24-bk-11945-TA
2.67	Priority creditor's name and mailing address Bravo, Sophia 235 W Lincoln Ave Apt 29 Orange, CA 92865	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 Unknown
	Date or dates debt was incurred	Basis for the claim: Employee - Notice only	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.68	Priority creditor's name and mailing address Brissey, Olesya 27 Millstone Irvine, CA 92606	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 Unknown
	Date or dates debt was incurred	Basis for the claim: Employee - Notice only	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.69	Priority creditor's name and mailing address Brueggeman, Lauren 1220 Stonewall Circle Westlake Village, CA 91361	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.70	Priority creditor's name and mailing address Buenrostro, Estefania 2483 W. Chanticleur Anaheim, CA 92804	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation <small>Name</small>	Case number (if known)	8:24-bk-11945-TA
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2.71	Priority creditor's name and mailing address Bui, Timothy 1613 W. Houston Ave Fullerton, CA 92833	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
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Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.72	Priority creditor's name and mailing address Bullock, Shaycole 11326 Dogwood Ct. Fontana, CA 92337	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
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Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.73	Priority creditor's name and mailing address Burnett, Melanie 1816 W. Glen Ave., #3 Anaheim, CA 92801	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
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Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.74	Priority creditor's name and mailing address Butorac, Matthew 1015 Hoartio Ave Corona, CA 92882	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
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Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation Name	Case number (if known)	8:24-bk-11945-TA
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2.75	Priority creditor's name and mailing address Byard, Hope 14939 Weeks Drive La Mirada, CA 90638	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
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Date or dates debt was incurred	Basis for the claim: Former Employee
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Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.76	Priority creditor's name and mailing address Cabezas, Jennifer 16836 Chaparral Ave. Cerritos, CA 90703	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
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Date or dates debt was incurred	Basis for the claim: Former Employee
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Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.77	Priority creditor's name and mailing address Cabrera Lopez, Alondra 343 S. Bedford Rd. Apt. 28 Orange, CA 92868	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
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Date or dates debt was incurred	Basis for the claim: Former Employee
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Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.78	Priority creditor's name and mailing address Calderon, Cayla 8641 Ouida Drive Riverside, CA 92504	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 Unknown
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Date or dates debt was incurred	Basis for the claim: Employee - Notice only
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Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation <small>Name</small>	Case number (if known)	8:24-bk-11945-TA
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2.79	Priority creditor's name and mailing address Calderon, Jessica 1813 Newton Drive Corona, CA 92882	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
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Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.80	Priority creditor's name and mailing address Calderon-Solis, Maria 12072 Acacia Ave Garden Grove, CA 92840	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
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Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.81	Priority creditor's name and mailing address Camerena, Jennifer 1906 W. 18th Street Santa Ana, CA 92706	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
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Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.82	Priority creditor's name and mailing address Camero, Kylie 5243 Woodwind Lane Anaheim, CA 92807	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
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Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation	Case number (if known)	8:24-bk-11945-TA
	Name		
2.83	Priority creditor's name and mailing address Cameron, Michele 13 Elm Via Anaheim, CA 92801	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.84	Priority creditor's name and mailing address Campbell, Cornelia 3325 Jasper Rd #69 Barstow, CA 92311	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.85	Priority creditor's name and mailing address Campos, Franki 20042 Royal Oak Ct. Yorba Linda, CA 92886	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.86	Priority creditor's name and mailing address Canchola, Ashlyn Elisabeth 4642 Brent Ct La Verne, CA 91750	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation Name	Case number (if known)	8:24-bk-11945-TA
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2.87	Priority creditor's name and mailing address Canez, Velvet 5034 N. Reeder Ave. Covina, CA 91724	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
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Date or dates debt was incurred	Basis for the claim: Former Employee
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Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.88	Priority creditor's name and mailing address Canonica, Lamoine 17802 Seminole Way Yorba Linda, CA 92886	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
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Date or dates debt was incurred	Basis for the claim: Former Employee
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Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.89	Priority creditor's name and mailing address Carbajal, Diana 509 N. Bush St Anaheim, CA 92805	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
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Date or dates debt was incurred	Basis for the claim: Former Employer
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Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.90	Priority creditor's name and mailing address Carbajal, Maria 509 N Bush St Anaheim, CA 92805	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 Unknown
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Date or dates debt was incurred	Basis for the claim: Employee - Notice only
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Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation <small>Name</small>	Case number (if known)	8:24-bk-11945-TA
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2.91	Priority creditor's name and mailing address Caro, Sara 1409 S. Baker Street Santa Ana, CA 92707	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
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Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.92	Priority creditor's name and mailing address Carranza, Elizabeth 9615 El Braso Dr Whittier, CA 90603	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
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Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.93	Priority creditor's name and mailing address Carrasco, Saralinda 24950 Via Florecer Mission Viejo, CA 92692	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
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Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.94	Priority creditor's name and mailing address Carrington, Ayanna 5700 Lochmoor Dr Apt. 160 Riverside, CA 92507	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
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Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation	Case number (if known)	8:24-bk-11945-TA
	Name		
2.95	Priority creditor's name and mailing address Carter, Christina 17060 Chicago Ave. Yorba Linda, CA 92886	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.96	Priority creditor's name and mailing address Casias Cecilia 1715 W. Robindale St West Covina, CA 91790	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.97	Priority creditor's name and mailing address Castro, Elycia 5590 Rumsey Drive Riverside, CA 92505	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.98	Priority creditor's name and mailing address Castro, Leticia 212 E. 1st Ave #4 La Habra, CA 90631	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation	Case number (if known)	8:24-bk-11945-TA
2.99	<p>Priority creditor's name and mailing address</p> <p>Castro, Marissa 2605 S. Bonview Ave Ontario, CA 91761</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Former Employee</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$0.00 \$0.00</p>
2.100	<p>Priority creditor's name and mailing address</p> <p>Castro, Valarie 1361 El Camino Real Tustin, CA 92780</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Employee - Notice only</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$0.00 Unknown</p>
2.101	<p>Priority creditor's name and mailing address</p> <p>Causar, Courtney 10202 Kaimu Drive Huntington Beach, CA 92646</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Former Employee</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$0.00 \$0.00</p>
2.102	<p>Priority creditor's name and mailing address</p> <p>Cepeda, Brisa 6025 Oak Meadow Yorba Linda, CA 92886</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Former Employee</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$0.00 \$0.00</p>

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation Name	Case number (if known)	8:24-bk-11945-TA
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2.103	Priority creditor's name and mailing address Cereneche, Mary Tiffany 58 Herringbone Irvine, CA 92620	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 Unknown
	Date or dates debt was incurred	Basis for the claim: Employee - Notice only	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.104	Priority creditor's name and mailing address Cervantes, Evelyn 723 North Claudina Street Anaheim, CA 92805	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.105	Priority creditor's name and mailing address Chacon, Brianna A 230 E. Pinehurst Ave La Habra, CA 90631	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.106	Priority creditor's name and mailing address Chan, Julia 20485 Via Sonador Yorba Linda, CA 92886	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation	Case number (if known)	8:24-bk-11945-TA
Name			
2.107	<p>Priority creditor's name and mailing address</p> <p>Chang, Rachel 851 N. Citrus Drvie La Habra, CA 90631</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Former Employee</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$0.00 \$0.00</p>
2.108	<p>Priority creditor's name and mailing address</p> <p>Chau, Christy 17406 Sta Isabel St Fountain Valley, CA 92708</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Former Employee</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$0.00 \$0.00</p>
2.109	<p>Priority creditor's name and mailing address</p> <p>Chavez, Alejandra 1223 N. Lacy Street Santa Ana, CA 92701</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Former Employee</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$0.00 \$0.00</p>
2.110	<p>Priority creditor's name and mailing address</p> <p>Chavez, Maria Leticia 219 West Cliffwood Avenue Anaheim, CA 92802</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Employee - Notice only</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$0.00 Unknown</p>

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation	Case number (if known)	8:24-bk-11945-TA
	Name		
2.111	Priority creditor's name and mailing address Chiappone, Corine 206 Back Lane, Apt. A Placentia, CA 92870	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.112	Priority creditor's name and mailing address Choi, Hannah 4901 El Rancho Verde La Palma, CA 90623	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.113	Priority creditor's name and mailing address Church, Sydney 11432 Lindale Street Norwalk, CA 90650	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.114	Priority creditor's name and mailing address Cisneros, Kimberly 1250 Pontenova Ave Hacienda Heights, CA 91745	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation <small>Name</small>	Case number (if known)	8:24-bk-11945-TA
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2.115	Priority creditor's name and mailing address Clark, Alicia 7806 E Margaret Ct Anaheim, CA 92808	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	Unknown
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Date or dates debt was incurred	Basis for the claim: Employee - Notice only
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Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.116	Priority creditor's name and mailing address Clark-Griffin, Yolanda 5909 Lewis Ave Long Beach, CA 90805	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	Unknown
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Date or dates debt was incurred	Basis for the claim: Employee - Notice only
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Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.117	Priority creditor's name and mailing address Cole, Kristina 13444 N. Cook Ct. Tustin, CA 92782	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
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Date or dates debt was incurred	Basis for the claim: Former Employee
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Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.118	Priority creditor's name and mailing address Conniff, Kira 4372 Avenida Rio Del Oro Yorba Linda, CA 92886	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
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Date or dates debt was incurred	Basis for the claim: Former Employee
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Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation <small>Name</small>	Case number (if known)	8:24-bk-11945-TA
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2.119	Priority creditor's name and mailing address Contreras, Janice 3504 Matisse Circle Corona, CA 92882	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Employee - Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.120	Priority creditor's name and mailing address Corbitt, Lucianna M 5101 E Marita Ln B Anaheim, CA 92807	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Employee - Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.121	Priority creditor's name and mailing address Cortez, Norma 930 W. 7th St., #B Corona, CA 92882	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.122	Priority creditor's name and mailing address Cortez, Vanessa 1110 W. Walnut Street Santa Ana, CA 92703	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation <small>Name</small>	Case number (if known)	8:24-bk-11945-TA
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2.123	Priority creditor's name and mailing address Cozma, Rachel 1816 W. Hacienda Place Irvine, CA 92620	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.124	Priority creditor's name and mailing address Craig, Xandi J 1901 Commodore Rd. Newport Beach, CA 92660	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.125	Priority creditor's name and mailing address Crayton, Greshawnda 1894 South Westside Drive #68 Anaheim, CA 92805	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 Unknown
Date or dates debt was incurred		Basis for the claim: Employee - Notice only	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.126	Priority creditor's name and mailing address Creech, Tara 6231 Fairlynn Blvd. Yorba Linda, CA 92886	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation Name	Case number (if known)	8:24-bk-11945-TA
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2.127	Priority creditor's name and mailing address Cuellar, Angelyn 10317 Gunn Ave Whittier, CA 90605	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
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Date or dates debt was incurred	Basis for the claim: Former Employee
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Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.128	Priority creditor's name and mailing address Cuellar, Lauren 10317 Gunn Ave Whittier, CA 90605	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
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Date or dates debt was incurred	Basis for the claim: Former Employee
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Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.129	Priority creditor's name and mailing address Cunningham, Linda 1539 East Taft Ave Apt. B Orange, CA 92865	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
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Date or dates debt was incurred	Basis for the claim: Former Employee
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Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.130	Priority creditor's name and mailing address D'Agostino, Donna P.O. Box 1695 Lake Havasu City, AZ 86405	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
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Date or dates debt was incurred	Basis for the claim: Former Employee
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Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation Name	Case number (if known)	8:24-bk-11945-TA
2.131	Priority creditor's name and mailing address Daher, Michelle 16831 Aries Dr Yorba Linda, CA 92886	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Employee - Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.132	Priority creditor's name and mailing address Damacia-Rodriguez, Jessica 9632 Parade St Anaheim, CA 92804	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.133	Priority creditor's name and mailing address Dandan, Osman N 4392 Via Alegre Yorba Linda, CA 92886	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.134	Priority creditor's name and mailing address Daniels, Brenda 6121 Salem Rd Yorba Linda, CA 92887	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation <small>Name</small>	Case number (if known)	8:24-bk-11945-TA
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2.135	Priority creditor's name and mailing address Davenport, Tammy 30311 Clear Water Drive Sun City, CA 92587	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
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Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.136	Priority creditor's name and mailing address Davila, Marissa 11156 Kadota Ave Pomona, CA 91766	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
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Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.137	Priority creditor's name and mailing address De Anda, Cristina 21462 Sterling Dr. Lake Forest, CA 92630	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
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Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.138	Priority creditor's name and mailing address De Luna, Stephany 12210 Moline Drive Whittier, CA 90604	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
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Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation <small>Name</small>	Case number (if known)	8:24-bk-11945-TA
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2.139	Priority creditor's name and mailing address Decamp, Taylor E. 34052 Doheny Park Rd Spc 65 Capistrano Beach, CA 92624	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.140	Priority creditor's name and mailing address Deimer, Kara 111 S. Lakeview Ave Apt. C Placentia, CA 92870	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.141	Priority creditor's name and mailing address Del Tora, Joshua 4892 Torida Way Yorba Linda, CA 92886	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.142	Priority creditor's name and mailing address Delligatta, Sydney 23960 Sanctuary Pkwy Yorba Linda, CA 92887	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation	Case number (if known)	8:24-bk-11945-TA
2.143	<p>Priority creditor's name and mailing address</p> <p>Deloya, Victoria 316 N. Gunther Place Santa Ana, CA 92703</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Former Employee</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$0.00 \$0.00</p>
2.144	<p>Priority creditor's name and mailing address</p> <p>DeNicola, Gregg A 7548 Angel View Terr Orange, CA 92869</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Former Employee</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$0.00 \$0.00</p>
2.145	<p>Priority creditor's name and mailing address</p> <p>DeNicola, Mary 7548 E Angel View Orange, CA 92869</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Employee - Notice only</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$0.00 Unknown</p>
2.146	<p>Priority creditor's name and mailing address</p> <p>DeNicola, Nathaniel 7548 Angel View Terr Orange, CA 92869</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Employee - Notice only</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$0.00 Unknown</p>

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation <small>Name</small>	Case number (if known)	8:24-bk-11945-TA
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2.147	Priority creditor's name and mailing address Densmore, Savannah 5771 Highland Ave Yorba Linda, CA 92886	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.148	Priority creditor's name and mailing address Dewitt, Jessica 4642 E Greenwood Drive Anaheim, CA 92807	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 Unknown
Date or dates debt was incurred		Basis for the claim: Employee - Notice only	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.149	Priority creditor's name and mailing address Diaz Leal, Guadalupe 2521 E. Terrace Street Apt. B Anaheim, CA 92806	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.150	Priority creditor's name and mailing address Diaz, Laura 11771 Comstock Rd. Garden Grove, CA 92840	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation Name	Case number (if known)	8:24-bk-11945-TA
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2.151	Priority creditor's name and mailing address Diaz, Lupita 3910 E. Palm Orange, CA 92869	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
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Date or dates debt was incurred	Basis for the claim: Former Employee
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Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.152	Priority creditor's name and mailing address Diaz, Paulina 508 E Wilhemina St Apt D Anaheim, CA 92805	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	Unknown
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Date or dates debt was incurred	Basis for the claim: Employee - Notice only
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Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.153	Priority creditor's name and mailing address Dingess, Rebecca 312 W. Whiting Ave Fullerton, CA 92832	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
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Date or dates debt was incurred	Basis for the claim: Former Employee
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Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.154	Priority creditor's name and mailing address Doan, Tiffany 10860 El Paso Ave Fountain Valley, CA 92708	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
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Date or dates debt was incurred	Basis for the claim: Former Employee
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Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation	Case number (if known)	8:24-bk-11945-TA
Name			
2.155	<p>Priority creditor's name and mailing address</p> <p>Domokos, Erin 5441 Cherrylee Ln Yorba Linda, CA 92886</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Former Employee</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$0.00 \$0.00</p>
2.156	<p>Priority creditor's name and mailing address</p> <p>Doucette, Danielle 100 E. MacArthur Blvd. Apt. 146 Santa Ana, CA 92707</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Former Employee</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$0.00 \$0.00</p>
2.157	<p>Priority creditor's name and mailing address</p> <p>Dozier, Tarrie 404 E. 1st St., #413 Long Beach, CA 90802</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Former Employee</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$0.00 \$0.00</p>
2.158	<p>Priority creditor's name and mailing address</p> <p>Dukes, Pamela Nina 5480 Copper Canyon Unit F Yorba Linda, CA 92887</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Employee - Notice only</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$0.00 Unknown</p>

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation <small>Name</small>	Case number (if known)	8:24-bk-11945-TA
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2.159	Priority creditor's name and mailing address Dulay, Harmanjot 16318 Los Coyotes Fontana, CA 92336	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
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Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.160	Priority creditor's name and mailing address Eastwood, Julie-Ann 2868 N. Chauncey Ln Orange, CA 92867	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
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Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.161	Priority creditor's name and mailing address Ebueng, Jasmin 2648 W. Ball Rd. #155 Anaheim, CA 92804	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
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Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.162	Priority creditor's name and mailing address Edquilang, Alycia 346 Plaza Paraiso Chula Vista, CA 91914	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
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Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation Name	Case number (if known)	8:24-bk-11945-TA
2.163	Priority creditor's name and mailing address Effron, Allan 601-102 Holbrook Long Beach, CA 90803 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00 \$0.00
2.164	Priority creditor's name and mailing address Encizo, Sarena 2864 S. Sandpiper Ave Ontario, CA 91761 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00 \$0.00
2.165	Priority creditor's name and mailing address Enriquez, Melanie 2760 Kelvin Ave Apt. 3110 Irvine, CA 92614 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00 \$0.00
2.166	Priority creditor's name and mailing address Eskandari, Alhan 50 Tarocco, Apt. 108 Irvine, CA 92618 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00 \$0.00

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation	Case number (if known)	8:24-bk-11945-TA
2.167	<p>Priority creditor's name and mailing address</p> <p>Espiritu, Sheyanne 5940 Old Village Road Yorba Linda, CA 92887</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Former Employer</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$0.00 \$0.00</p>
2.168	<p>Priority creditor's name and mailing address</p> <p>Esquivel, Ailyn 17382 Dairyview Cir Huntington Beach, CA 92647</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Employee - Notice only</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$0.00 Unknown</p>
2.169	<p>Priority creditor's name and mailing address</p> <p>Estrada Salas, Yvette 2512 Sarandi Grande Hacienda Heights, CA 91745</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Employee - Notice only</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$0.00 Unknown</p>
2.170	<p>Priority creditor's name and mailing address</p> <p>Evora, Veronica 1704 E Harvard Pl Unit A Ontario, CA 91764</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Employee - Notice only</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$0.00 Unknown</p>

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation <small>Name</small>	Case number (if known)	8:24-bk-11945-TA
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2.171	Priority creditor's name and mailing address Fairclough, Jessica 2581 Redrock Drive Corona, CA 92882	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
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Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.172	Priority creditor's name and mailing address Farran, Jan 15413 Spectrum Irvine, CA 92618	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
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Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.173	Priority creditor's name and mailing address Felipe, Amber 1048 S. Chantilly St Anaheim, CA 92806	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
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Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.174	Priority creditor's name and mailing address Felter, Brenda 13727 Softwood Court Corona, CA 92880	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	Unknown
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Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Employee - Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation	Case number (if known)	8:24-bk-11945-TA
	Name		
2.175	Priority creditor's name and mailing address Feregrino, Abigail 15851 Pasadena Ave Apt. B6 Tustin, CA 92780	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employer	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.176	Priority creditor's name and mailing address Fernandez, Max 450 S. Loara St. Anaheim, CA 92802	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employer	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.177	Priority creditor's name and mailing address Fields, Britney 430 South Beach Blvd #5 La Habra, CA 90631	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employer	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.178	Priority creditor's name and mailing address Fierbinteanu, Daniela 15 Half Moon Trail Ladera Ranch, CA 92694	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation <small>Name</small>	Case number (if known)	8:24-bk-11945-TA
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2.179	Priority creditor's name and mailing address Fierro, Tammi 301 Josie Circle #D Placentia, CA 92870	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 Unknown
Date or dates debt was incurred		Basis for the claim: Employee - Notice only	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.180	Priority creditor's name and mailing address Figueroa, Yesenia 10822 Jean St Anaheim, CA 92804	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.181	Priority creditor's name and mailing address Fite, Allyson 1259 W. Rosewood Ct #C Ontario, CA 91762	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.182	Priority creditor's name and mailing address Fonseca, Kate 401 South Chatham Circle Apt G Anaheim, CA 92806	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 Unknown
Date or dates debt was incurred		Basis for the claim: Employee - Notice only	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

	Debtor Caduceus Physicians Medical Group, a Professional Medical Corporation Name	Case number (if known) 8:24-bk-11945-TA		
2.183	Priority creditor's name and mailing address Franklin, Tina 24711 Kings Pointe Laguna Niguel, CA 92677	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	Unknown
	Date or dates debt was incurred	Basis for the claim: Employee - Notice only		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.184	Priority creditor's name and mailing address Frederick, Julia 18801 E. Joshua Street Villa Park, CA 92861	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.185	Priority creditor's name and mailing address Fuselier, Kimberly Kirton 18873 Dry Creek Rd Yorba Linda, CA 92886	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.186	Priority creditor's name and mailing address Gabay, Mayan 817 S. Susan St Santa Ana, CA 92704	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation	Case number (if known)	8:24-bk-11945-TA
	Name		
2.187	Priority creditor's name and mailing address Gabela, Jessica 1910 Viento Verano D Diamond Bar, CA 91765	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.188	Priority creditor's name and mailing address Galinda, Christopher 3250 E. Elm St. Brea, CA 92823	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.189	Priority creditor's name and mailing address Gallardo, Vanessa Marie 3926 Amistad Pico Rivera, CA 90660	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.190	Priority creditor's name and mailing address Galvan, Elena 124 S. Ridgeway #4 Anaheim, CA 92804	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation <small>Name</small>	Case number (if known)	8:24-bk-11945-TA
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2.191	Priority creditor's name and mailing address Gano, Paula 638 S. Valley St Anaheim, CA 92804	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
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Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.192	Priority creditor's name and mailing address Garcia Valencia, Rocio Violeta 4968 Bonita Dr Huntington Beach, CA 92649	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
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Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.193	Priority creditor's name and mailing address Garcia Viviano, Yazmin 2283 N. Batavia St Orange, CA 92865	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
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Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.194	Priority creditor's name and mailing address Garcia, Adriana 18532 Tango Ave Anaheim, CA 92808	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
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Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation	Case number (if known)	8:24-bk-11945-TA
	Name		
2.195	Priority creditor's name and mailing address Garcia, Alysa 10319 Maybrook Ave Whittier, CA 90603	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 Unknown
	Date or dates debt was incurred	Basis for the claim: Employee - Notice only	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.196	Priority creditor's name and mailing address Garcia, Jessica 2283 N. Batavia St Orange, CA 92865	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.197	Priority creditor's name and mailing address Garcia, Jonathan 14831 Pinehaven Rd Irvine, CA 92604	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.198	Priority creditor's name and mailing address Garcia, Laura 5772 Garden Grove Bl #50 Westminster, CA 92683	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation	Case number (if known)	8:24-bk-11945-TA
	Name		
2.199	Priority creditor's name and mailing address Garcia, Maria De Jesus 1181 S. Sunkist St. #14 Anaheim, CA 92806	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.200	Priority creditor's name and mailing address Garcia, Nathan 2302 Blueberry Ln Santa Ana, CA 92706	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.201	Priority creditor's name and mailing address Garcia, Nicole 212 S. Kramer Blvd #607 Placentia, CA 92870	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.202	Priority creditor's name and mailing address Garcia, Stephanie 1401 S. Harbor Blvd Apt F-16 La Habra, CA 90631	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation <small>Name</small>	Case number (if known)	8:24-bk-11945-TA
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2.203	Priority creditor's name and mailing address Garcia, Susana 2409 Deodar St Santa Ana, CA 92705	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.204	Priority creditor's name and mailing address Garcia, Yaquelin 317 East La Palma Ave Apt. 35 Anaheim, CA 92801	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.205	Priority creditor's name and mailing address Garcia-Solis, Alexis 21525 Via Pepita Yorba Linda, CA 92886	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 Unknown
Date or dates debt was incurred		Basis for the claim: Employee - Notice only	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.206	Priority creditor's name and mailing address Gardea, Kissel 3035 Madison Ave Fullerton, CA 92831	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation <small>Name</small>	Case number (if known)	8:24-bk-11945-TA
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2.207	Priority creditor's name and mailing address Garica, Gaby 1602 Nisson Rd Apt C5 Tustin, CA 92780	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
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	Date or dates debt was incurred	Basis for the claim: Former Employee	
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	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
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2.208	Priority creditor's name and mailing address Gastil, Morgan 1716 N Kellogg Dr #A Anaheim, CA 92807	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 Unknown
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	Date or dates debt was incurred	Basis for the claim: Employee - Notice only	
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	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
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2.209	Priority creditor's name and mailing address Gauthier, Eva 14325 McNab Ave #23 Bellflower, CA 90706	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
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	Date or dates debt was incurred	Basis for the claim: Former Employee	
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	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
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2.210	Priority creditor's name and mailing address Gharib, Zean-Amor 576 Armitos Place Diamond Bar, CA 91765	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
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	Date or dates debt was incurred	Basis for the claim: Former Employee	
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	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
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Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation	Case number (if known)	8:24-bk-11945-TA
	Name		
2.211	Priority creditor's name and mailing address Giangrande, Erin 1925 Edwardson Cir Placentia, CA 92870	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 Unknown
	Date or dates debt was incurred	Basis for the claim: Employee - Notice only	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.212	Priority creditor's name and mailing address Giberson, Nichole 18700 Yorba Linda Blvd #82 Yorba Linda, CA 92886	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.213	Priority creditor's name and mailing address Gibson, Maricel 13200 Casa Linda Ln #B Garden Grove, CA 92844	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.214	Priority creditor's name and mailing address Gilbert, Wendy 89 Zinnia St Ladera Ranch, CA 92694	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation <small>Name</small>	Case number (if known)	8:24-bk-11945-TA
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2.215	Priority creditor's name and mailing address Goldsby, Megan 2568 Associated Rd Apt. 4 Fullerton, CA 92835	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
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Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.216	Priority creditor's name and mailing address Golembiewski, Amanda 150 W. Canada, #A San Clemente, CA 92672	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
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Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.217	Priority creditor's name and mailing address Gomez, Lourdes 10806 Milano Ave Norwalk, CA 90650	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
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Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.218	Priority creditor's name and mailing address Gomez, Mia 203 Murica Aisle Irvine, CA 92614	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
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Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor		Case number (if known)		
Caduceus Physicians Medical Group, a Professional Medical Corporation		8:24-bk-11945-TA		
Name				
2.219	Priority creditor's name and mailing address Gonzales, Kaela 27715 Tamara Dr Yorba Linda, CA 92887	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.220	Priority creditor's name and mailing address Gonzalez, Ivy 1494 S. Highland Ave #204 Fullerton, CA 92832	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.221	Priority creditor's name and mailing address Gonzalez, Jackeline 393 Hamilton St Apt. R1 Costa Mesa, CA 92627	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.222	Priority creditor's name and mailing address Gonzalez, Jayson Jesus 515 North Anna Drive Apt H Anaheim, CA 92805	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	Unknown
Date or dates debt was incurred		Basis for the claim: Employee - Notice only		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation	Case number (if known)	8:24-bk-11945-TA
	Name		
2.223	Priority creditor's name and mailing address Gonzalez, Maily 1750 W. Lambert Rd Space 43 La Habra, CA 90631	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.224	Priority creditor's name and mailing address Gonzalez, Nicole 851 W. 9th Street Corona, CA 92882	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.225	Priority creditor's name and mailing address Gonzalez, Norma 1706 W. Pine Street Santa Ana, CA 92703	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.226	Priority creditor's name and mailing address Gonzalez, Patsy 927 S. Standard Ave #10 Santa Ana, CA 92701	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation <small>Name</small>	Case number (if known)	8:24-bk-11945-TA
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2.227	Priority creditor's name and mailing address Gonzalez, Sara 5815 E. La Palma Space 306 Anaheim, CA 92807	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Basis for the claim: Former Employee	
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

2.228	Priority creditor's name and mailing address Gonzalez-Ruiz, Jasmine 200 E Wakefield Ave #2 Anaheim, CA 92802	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 Unknown
Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Basis for the claim: Employee - Notice only	
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

2.229	Priority creditor's name and mailing address Goodale, Jeffrey 21612 Cabrosa Mission Viejo, CA 92691	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 Unknown
Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Basis for the claim: Employee - Notice only	
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

2.230	Priority creditor's name and mailing address Goodale, Tristan 21612 Cabrosa Mission Viejo, CA 92691	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Basis for the claim: Former Employee	
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation Name	Case number (if known)	8:24-bk-11945-TA
2.231	Priority creditor's name and mailing address Green, Justin Carl 830 Hartford Lane La Habra, CA 90631	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Employee - Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.232	Priority creditor's name and mailing address Greenberg, Victoria 18381 Iris Lane Yorba Linda, CA 92886	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Employee - Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.233	Priority creditor's name and mailing address Greene, Caroline 206 East Avenida Ramona San Clemente, CA 92672	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Employee - Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.234	Priority creditor's name and mailing address Greene, Margaret 206 East Avenida Ramona San Clemente, CA 92672	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Employee - Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation		Case number (if known)	8:24-bk-11945-TA
	Name			
2.235	Priority creditor's name and mailing address Griffin, Allison 3996 Yellowstone Cir Chino, CA 91710	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.236	Priority creditor's name and mailing address Griffiths, Evianna 13900 Casimir Ave Gardena, CA 90249	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.237	Priority creditor's name and mailing address Griman, Donna 14705 Libra Dr La Mirada, CA 90638	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.238	Priority creditor's name and mailing address Gritman, Alaiyah 14705 Libra Dr La Mirada, CA 90638	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	Unknown
	Date or dates debt was incurred	Basis for the claim: Employee - Notice only		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor		Case number (if known)	
Caduceus Physicians Medical Group, a Professional Medical Corporation Name		8:24-bk-11945-TA	
2.239	Priority creditor's name and mailing address Grossenbacher, Morgan 482 N. Shaffer St. Orange, CA 92866	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.240	Priority creditor's name and mailing address Guadarrama, Christina 1660 Via Pacifica G212 Corona, CA 92882	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.241	Priority creditor's name and mailing address Gue, Kirsten 18662 Buena Vista Ave Yorba Linda, CA 92886	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.242	Priority creditor's name and mailing address Guimaraes, Carolina 757 Oakcrest Avenue Brea, CA 92821	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation <small>Name</small>	Case number (if known)	8:24-bk-11945-TA
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2.243	Priority creditor's name and mailing address Gully, Michelle 4685 Los Alamos Way Unit A Oceanside, CA 92057	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.244	Priority creditor's name and mailing address Gutierrez Jose 712 S. Fernwood St. #14 West Covina, CA 91791	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.245	Priority creditor's name and mailing address Gutierrez, John 102 S. Flower Ave Apt. B Brea, CA 92821	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.246	Priority creditor's name and mailing address Gutierrez, Tanya 1679 E. Orangethorpe Apt. 418 Atwood, CA 92811	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation <small>Name</small>	Case number (if known)	8:24-bk-11945-TA
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2.247	Priority creditor's name and mailing address Gutierrez, Yuliana 4610 W Roosevelt Ave Santa Ana, CA 92703	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	Unknown
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Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Employee - Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.248	Priority creditor's name and mailing address Guzman, Guadalupe J 960 E 6th Street Pomona, CA 91766	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	Unknown
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Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Employee - Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.249	Priority creditor's name and mailing address Ha, Lilly 10438 Morning Glory Fountain Valley, CA 92708	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
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Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.250	Priority creditor's name and mailing address Haider, Fatema 19377 Steeplechase Yorba Linda, CA 92886	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
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Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation Name	Case number (if known)	8:24-bk-11945-TA
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2.251	Priority creditor's name and mailing address Hainsworth, Katelyn 418 N. Main St, #315 Corona, CA 92878	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
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Date or dates debt was incurred	Basis for the claim: Former Employee
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Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.252	Priority creditor's name and mailing address Hall, Anna 2200 E. Ball Rd, #26 Anaheim, CA 92806	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
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Date or dates debt was incurred	Basis for the claim: Former Employee
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Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.253	Priority creditor's name and mailing address Hall, Michael D 6355 Golden Gate Dr Yorba Linda, CA 92886	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 Unknown
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Date or dates debt was incurred	Basis for the claim: Employee - Notice only
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Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.254	Priority creditor's name and mailing address Hamid, Merwa 1303 Sun Dial Dr Tustin, CA 92782	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
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Date or dates debt was incurred	Basis for the claim: Former Employee
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Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation	Case number (if known)	8:24-bk-11945-TA
	Name		
2.255	Priority creditor's name and mailing address Hamilton, Adrianna 5815 E. La Palma Ave Apt. 249 Anaheim, CA 92807	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.256	Priority creditor's name and mailing address Hannon, Amanda 1275 N. Chrisden St. M108 Anaheim, CA 92807	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.257	Priority creditor's name and mailing address Harris, Kenyatta 7426 Cherry Ave Ste 210-160 Fontana, CA 92336	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.258	Priority creditor's name and mailing address Hartmann, Aeli 7 Bridgewood Irvine, CA 92604	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation <small>Name</small>	Case number (if known)	8:24-bk-11945-TA
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2.259	Priority creditor's name and mailing address Hasenberg, Juanita 6850 Coolidge Ave Riverside, CA 92506	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.260	Priority creditor's name and mailing address Haugt, Collin 3883 Buchanan St Space 99 Riverside, CA 92503	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.261	Priority creditor's name and mailing address Helms, Madison 1420 Norwich Lane La Habra, CA 90631	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.262	Priority creditor's name and mailing address Henberger, Megan 25081 Leucadia St Unit G Laguna Niguel, CA 92677	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 Unknown
Date or dates debt was incurred		Basis for the claim: Employee - Notice only	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation Name	Case number (if known)	8:24-bk-11945-TA
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2.263	Priority creditor's name and mailing address Henri, Robert 1904 Olde School Rd Oklahoma City, OK 73120	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.264	Priority creditor's name and mailing address Hernandez, Amy 322 Baker St., #4 Placentia, CA 92870	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.265	Priority creditor's name and mailing address Hernandez, Cindy G 309 N Mountain Ave #16 Fullerton, CA 92831	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 Unknown
Date or dates debt was incurred		Basis for the claim: Employee - Notice only	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.266	Priority creditor's name and mailing address Hernandez, Elyssa 4921 Shaw Lane Yorba Linda, CA 92886	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation <small>Name</small>	Case number (if known)	8:24-bk-11945-TA
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2.267	Priority creditor's name and mailing address Hernandez, Millie 1525 Plaza De Noche Apt. 2 Corona, CA 92882	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
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Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.268	Priority creditor's name and mailing address Hernandez, Nesly 14621 Red Hill Ave Tustin, CA 92780	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
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Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.269	Priority creditor's name and mailing address Hernandez, Vanessa 3429 Canyon Crest Dri Apt. 1D Riverside, CA 92507	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
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Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.270	Priority creditor's name and mailing address Hernandez-Garcia, Johanna 506 Cantor Irvine, CA 92620	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
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Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation <small>Name</small>	Case number (if known)	8:24-bk-11945-TA
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2.271	Priority creditor's name and mailing address Hernandez-Uriostigue, Pearl 124 N. Tustin Ave Apt B4 Anaheim, CA 92807	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.272	Priority creditor's name and mailing address Herrera, Slonne 6956 Channel Ct Mira Loma, CA 91752	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.273	Priority creditor's name and mailing address Herrera, Susan 514 E South St #12 Anaheim, CA 92805	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 Unknown
Date or dates debt was incurred		Basis for the claim: Employee - Notice only	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.274	Priority creditor's name and mailing address Hickman, Kae-Shanna 738 W. La Jolla St Placentia, CA 92870	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation		Case number (if known)	8:24-bk-11945-TA
	Name			
2.275	Priority creditor's name and mailing address Hicks, Crystal 9424 Cedar St #A Bellflower, CA 90706	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.276	Priority creditor's name and mailing address Hills, Heather 1116 Skyline Drive Laguna Beach, CA 92651	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.277	Priority creditor's name and mailing address Hines, Donna 6342 Sunfield Ct Riverside, CA 92504	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.278	Priority creditor's name and mailing address Holiness, Jeremiah 2610 Associated Road Fullerton, CA 92835	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	Unknown
	Date or dates debt was incurred	Basis for the claim: Employee - Notice only		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation <small>Name</small>	Case number (if known)	8:24-bk-11945-TA
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2.279	Priority creditor's name and mailing address Holland, Dyanna 3099 Ginger Ave., #A Costa Mesa, CA 92626	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.280	Priority creditor's name and mailing address Holloway, Trevor 317 16th St #4 Huntington Beach, CA 92648	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 Unknown
Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Basis for the claim: Employee - Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.281	Priority creditor's name and mailing address Hong, Karen 24096 Pandora St Lake Forest, CA 92630	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.282	Priority creditor's name and mailing address Hosseini, Hadeiah 51 Dartmouth Lane Coto de Caza, CA 92679	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 Unknown
Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Basis for the claim: Employee - Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation <small>Name</small>	Case number (if known)	8:24-bk-11945-TA
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2.283	Priority creditor's name and mailing address Houck, Courtney 2514 Hidden Creek St Corona, CA 92881	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.284	Priority creditor's name and mailing address Huber, Alexandra 3412 E Vine Ave Orange, CA 92869	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 Unknown
Date or dates debt was incurred		Basis for the claim: Employee - Notice only	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.285	Priority creditor's name and mailing address Huizar, Stephanie 216 E. Vermont Ave Anaheim, CA 92805	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.286	Priority creditor's name and mailing address Hunt, Faith 4325 Pepper Ave Yorba Linda, CA 92886	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation	Case number (if known)	8:24-bk-11945-TA
	Name		
2.287	Priority creditor's name and mailing address Huynh, Ha 10229 Boyd Dr Tustin, CA 92782	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.288	Priority creditor's name and mailing address Huynh, Justeen 615 E. 3rd St., #226A Pomona, CA 91766	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.289	Priority creditor's name and mailing address Huynh, Tammy 11908 Egham Cir Garden Grove, CA 92840	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.290	Priority creditor's name and mailing address Im, Pearl 20814 E. Crest Lane Walnut, CA 91789	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation <small>Name</small>	Case number (if known)	8:24-bk-11945-TA
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2.291	Priority creditor's name and mailing address Internal Revenue Service Special Procedures - Insolvency P.O. Box 7346 Philadelphia, PA 19101-7346	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	\$0.00
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Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.292	Priority creditor's name and mailing address Irwin, Rebecca Louise 635 Ash Street Brea, CA 92821	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
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Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.293	Priority creditor's name and mailing address Israel, Desiree 20244 E. Arrow Hwy Covina, CA 91724	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
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Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.294	Priority creditor's name and mailing address Italia, Prachi 2010 Viewridge Dr. Chino Hills, CA 91709	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
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Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation <small>Name</small>	Case number (if known)	8:24-bk-11945-TA
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2.295	Priority creditor's name and mailing address Jacob, Reenu 17400 Majestic Cypre Yorba Linda, CA 92886	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
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Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.296	Priority creditor's name and mailing address Jacobo, Yuleisy 7530 Rudell Road Corona, CA 92881	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	Unknown
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Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Employee - Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.297	Priority creditor's name and mailing address Jacobson, Jennifer 16301 Butterfield Ranch Rd Unit 13303 Chino Hills, CA 91709	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	Unknown
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Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Employee - Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.298	Priority creditor's name and mailing address Jagusiak, Aimee 1231 Chestnut Orange, CA 92867	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
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Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation <small>Name</small>	Case number (if known)	8:24-bk-11945-TA
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2.299	Priority creditor's name and mailing address James, Aaron 1211 S. Palmetto Ave Apt. B Ontario, CA 91762	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.300	Priority creditor's name and mailing address Jang, Rosie 2540 Royale Place Fullerton, CA 92833	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.301	Priority creditor's name and mailing address Jefferson, Monica 1627 Honeywood Ct. Brea, CA 92821	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.302	Priority creditor's name and mailing address Jenkins, Dylan 2631 E. Denise Ave Orange, CA 92867	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation <small>Name</small>	Case number (if known)	8:24-bk-11945-TA
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2.303	Priority creditor's name and mailing address Jessen, Delanie 130 N. Princeton Ave Fullerton, CA 92831	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.304	Priority creditor's name and mailing address Jimenez, Claudia 1644 W. Mells Ln Anaheim, CA 92802	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.305	Priority creditor's name and mailing address Jimenez, Inez 214 S. Brookhurst Rd. Apt. 4 Fullerton, CA 92833	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.306	Priority creditor's name and mailing address Johnson, Mackenzie 3099 W. Chapman Ave. #252 Orange, CA 92868	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation	Case number (if known)	8:24-bk-11945-TA
	Name		
2.307	Priority creditor's name and mailing address Jorgensen, Lisa 1860 Rustridge Place #203 Corona, CA 92881	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.308	Priority creditor's name and mailing address Kakpo-Moore, Senan 12862 Monte Vista Ave Chino, CA 91710	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.309	Priority creditor's name and mailing address Karabeg, Sara 50 Cornell Apt. 25 Irvine, CA 92612	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.310	Priority creditor's name and mailing address Kaur, Jaspreet 17 Carriage Dr. #17 Foothill Ranch, CA 92610	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation <small>Name</small>	Case number (if known)	8:24-bk-11945-TA
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2.311	Priority creditor's name and mailing address Keiser, Christina Ann 8276 Camino Alto Dr. Riverside, CA 92504	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.312	Priority creditor's name and mailing address Khan, Bisma 8207 Red Elk Dr. Elk Grove, CA 95758	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.313	Priority creditor's name and mailing address Kharouf, Shahd 4715 Via De La Mula Yorba Linda, CA 92886	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.314	Priority creditor's name and mailing address Kharouf, Yahya 4715 Via De La Mula Yorba Linda, CA 92886	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation <small>Name</small>	Case number (if known)	8:24-bk-11945-TA
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2.315	Priority creditor's name and mailing address Kim, Ashley 2261 W. Malvern Ave Fullerton, CA 92833	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
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Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.316	Priority creditor's name and mailing address King, Mackenzie 438 El Modena Ave Newport Beach, CA 92663	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
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Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.317	Priority creditor's name and mailing address Knight, Kelly 306 Vista Trucha Newport Beach, CA 92660	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	Unknown
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Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Employee - Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.318	Priority creditor's name and mailing address Kotoff, Kelly 17808 Antherium Dr Chino Hills, CA 91709	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	Unknown
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Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Employee - Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation	Case number (if known)	8:24-bk-11945-TA
	Name		
2.319	Priority creditor's name and mailing address Krepps-Hoffer, Cyndy 28051 Sheffield Mission Viejo, CA 92692	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 Unknown
	Date or dates debt was incurred	Basis for the claim: Employee - Notice only	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.320	Priority creditor's name and mailing address Kubo, Keller 1649 Tyler Drive Fullerton, CA 92835	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.321	Priority creditor's name and mailing address Kuhlman, Kylee 18082 Heather Way Yorba Linda, CA 92886	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.322	Priority creditor's name and mailing address Kwok, Jackie 8771 Baywood Drive Huntington Beach, CA 92646	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation	Case number (if known)	8:24-bk-11945-TA
	Name		
2.323	Priority creditor's name and mailing address Kyle, Ella 5583 Pebble Beach Lane Yorba Linda, CA 92886	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 Unknown
	Date or dates debt was incurred	Basis for the claim: Employee - Notice only	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.324	Priority creditor's name and mailing address Kyle, Melissa 5583 Pebble Beach Lane Yorba Linda, CA 92886	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 Unknown
	Date or dates debt was incurred	Basis for the claim: Employee - Notice only	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.325	Priority creditor's name and mailing address Lamb, Deanna 2075 N. Nordic Orange, CA 92865	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.326	Priority creditor's name and mailing address Lane, Jessica 4898 Via Alamed Yorba Linda, CA 92886	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation	Case number (if known)	8:24-bk-11945-TA
	Name		
2.327	Priority creditor's name and mailing address Lau, Louis 802 Kilmarnock Way Riverside, CA 92508	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.328	Priority creditor's name and mailing address Lech, Rebecca 711 S. Palamino Lane Anaheim, CA 92807	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.329	Priority creditor's name and mailing address Lee, Hye 8452 E. Altaview Dr Orange, CA 92867	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.330	Priority creditor's name and mailing address Lee, Jamie 5435 Kingsport Dr Yorba Linda, CA 92886	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation <small>Name</small>	Case number (if known)	8:24-bk-11945-TA
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2.331	Priority creditor's name and mailing address Lee, Kaitlin 2875 Baxter Tustin, CA 92782	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
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Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.332	Priority creditor's name and mailing address Lee, Rylan 2618 Teresina Drive Hacienda Heights, CA 91745	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
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Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.333	Priority creditor's name and mailing address Lee, Yoobeen 13620 Kellwood Court La Mirada, CA 90638	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
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Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.334	Priority creditor's name and mailing address Leon, Celina 13648 Rockcrest Drive Moreno Valley, CA 92553	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
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Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation	Case number (if known)	8:24-bk-11945-TA
	Name		
2.335	Priority creditor's name and mailing address LeRoy-Loge, Grace 25 Calle San Luis Re Rancho Santa Margarita, CA 92688	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.336	Priority creditor's name and mailing address Levi, Scott 8623 E. Canyon Vista Anaheim, CA 92808	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.337	Priority creditor's name and mailing address Levien, Alyssa 1123 Cleveland Way Corona, CA 92881	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.338	Priority creditor's name and mailing address Lewis, Eric 3110 Ginger Ave., #C Costa Mesa, CA 92626	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation	Case number (if known)	8:24-bk-11945-TA
	Name		
2.339	Priority creditor's name and mailing address Limon, Rebecca 1896 Singingwood Ave Pomona, CA 91767	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.340	Priority creditor's name and mailing address Limonchi, Ryley 4715 Green Crest Dr. Yorba Linda, CA 92887	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.341	Priority creditor's name and mailing address Lindsey, Robin 29392 Ronea Mission Viejo, CA 92692	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.342	Priority creditor's name and mailing address Liu, Annie 20470 Via Infanta Yorba Linda, CA 92887	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation	Case number (if known)	8:24-bk-11945-TA
	Name		
2.343	Priority creditor's name and mailing address Lizarde, Tanya Lee 14705 Libra Dr La Mirada, CA 90638	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 Unknown
	Date or dates debt was incurred	Basis for the claim: Employee - Notice only	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.344	Priority creditor's name and mailing address Loggins, Brittany 2206 E. 15th Street Newport Beach, CA 92663	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.345	Priority creditor's name and mailing address Lomeli, Priscilla 150 S. Magnolia Ave. Apt. 180 Anaheim, CA 92804	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.346	Priority creditor's name and mailing address Lomeli, Sabrina 1224 W. Phillips Street Ontario, CA 91762	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation <small>Name</small>	Case number (if known)	8:24-bk-11945-TA
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2.347	Priority creditor's name and mailing address Longnecker, Joseph 129 Agate Ave Newport Beach, CA 92662	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.348	Priority creditor's name and mailing address Lopez, Ashley 13011 16th Street Chino, CA 91710	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.349	Priority creditor's name and mailing address Lopez, Elizabeth 130 W. Truslow Ave Fullerton, CA 92832	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.350	Priority creditor's name and mailing address Lopez, Elizabeth 2219 S. Shelton St Santa Ana, CA 92707	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation <small>Name</small>	Case number (if known)	8:24-bk-11945-TA
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2.351	Priority creditor's name and mailing address Lopez, Laurie 362 1/2 W. Badillo St Covina, CA 91723	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.352	Priority creditor's name and mailing address Lopez, Leytzia 320 N. Park Vista St Apt. 57 Anaheim, CA 92806	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.353	Priority creditor's name and mailing address Lopez, Mark 2552 E. Pearson Ave Fullerton, CA 92831	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.354	Priority creditor's name and mailing address Lopez, Perla 3133 Triumph Lane Apt 2 Ontario, CA 91764	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation	Case number (if known)	8:24-bk-11945-TA
	Name		
2.355	Priority creditor's name and mailing address Luisa, Arlene 2660 W. Ball Rd Apt. 66 Anaheim, CA 92804	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.356	Priority creditor's name and mailing address Lyons, Samantha 1850 Littler Lane Corona, CA 92883	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.357	Priority creditor's name and mailing address Magajes, Ryan 209 S. Leandro St Anaheim, CA 92807	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.358	Priority creditor's name and mailing address Magdaleno, Grisel 933 Redwood Ct Corona, CA 92878	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation	Case number (if known)	8:24-bk-11945-TA
	Name		
2.359	Priority creditor's name and mailing address Mah, Alyxis 9612 Hightide Drive Huntington Beach, CA 92646	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.360	Priority creditor's name and mailing address Mai, Andy 2168 W. Victoria Ave Anaheim, CA 92804	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.361	Priority creditor's name and mailing address Mai, Marlene 594 S. Motif Street Anaheim, CA 92805	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.362	Priority creditor's name and mailing address Mallari, Marielle 13410 Herringbone Court Valley Center, CA 92082	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 Unknown
	Date or dates debt was incurred	Basis for the claim: Employee - Notice only	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation	Case number (if known)	8:24-bk-11945-TA
2.363	<p>Priority creditor's name and mailing address</p> <p>Manalo, Danica Marie 7694 E. Chesire Rod Orange, CA 92867</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Former Employee</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$0.00 \$0.00</p>
2.364	<p>Priority creditor's name and mailing address</p> <p>Manriquez-Gonzales, Raquel 251 Kraemer Cir Unit 131 Brea, CA 92821</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Former Employee</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$0.00 \$0.00</p>
2.365	<p>Priority creditor's name and mailing address</p> <p>Mansfield, Tanya 7701 Warner Ave #A12 Huntington Beach, CA 92647</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Former Employee</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$0.00 \$0.00</p>
2.366	<p>Priority creditor's name and mailing address</p> <p>Maque, Kiara-Aleksy 339 W 4th Street Stockton, CA 95206</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Employee - Notice only</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$0.00 Unknown</p>

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation	Case number (if known)	8:24-bk-11945-TA
Name			
2.367	<p>Priority creditor's name and mailing address</p> <p>Marroquin, Amanda 642 W. Lime St. Inglewood, CA 90301</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Former Employee</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$0.00 \$0.00</p>
2.368	<p>Priority creditor's name and mailing address</p> <p>Martella, Jasmine 245 S. Gilbert St., #D Fullerton, CA 92833</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Former Employee</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$0.00 \$0.00</p>
2.369	<p>Priority creditor's name and mailing address</p> <p>Martin, Caila 28188 Moulton Pkwy Apt. 613 Laguna Niguel, CA 92677</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Former Employee</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$0.00 \$0.00</p>
2.370	<p>Priority creditor's name and mailing address</p> <p>Martin, Rosendo 203 S Echo St Anaheim, CA 92804</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Employee - Notice only</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$0.00 Unknown</p>

Debtor		Case number (if known)	
Caduceus Physicians Medical Group, a Professional Medical Corporation		8:24-bk-11945-TA	
Name			
2.371	Priority creditor's name and mailing address Martinez Murill, Nallely 15017 La Fonda Dr La Mirada, CA 90638	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.372	Priority creditor's name and mailing address Martinez, Elizabeth 8853 Concord Ave Riverside, CA 92503	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.373	Priority creditor's name and mailing address Martinez, Melissa 10346 Scott Ave Whittier, CA 90603	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.374	Priority creditor's name and mailing address Martinez, Rebecca 226 East H. St. Ontario, CA 91764	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation <small>Name</small>	Case number (if known)	8:24-bk-11945-TA
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2.375	Priority creditor's name and mailing address May, Amanda 5114 Vista Montana Yorba Linda, CA 92886	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.376	Priority creditor's name and mailing address May, Daniel L 5114 Vista Montana Yorba Linda, CA 92886	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.377	Priority creditor's name and mailing address Mayes, Robin 335 E Meadowbrook Ave Orange, CA 92865	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 Unknown
Date or dates debt was incurred		Basis for the claim: Employee - Notice only	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.378	Priority creditor's name and mailing address McFarland, Donald 12921 Keith Pl Tustin, CA 92780	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 Unknown
Date or dates debt was incurred		Basis for the claim: Employee - Notice only	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation	Case number (if known)	8:24-bk-11945-TA
	Name		
2.379	Priority creditor's name and mailing address McGeough, Bailey 2971 East Ruby Drive Apt A Fullerton, CA 92831	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 Unknown
	Date or dates debt was incurred	Basis for the claim: Employee - Notice only	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.380	Priority creditor's name and mailing address McNichols, Nicole 5068 Lakeview Ave Yorba Linda, CA 92886	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.381	Priority creditor's name and mailing address McPhee Izabella 2000 Hillhaven Drive Brea, CA 92821	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.382	Priority creditor's name and mailing address Means, Ajanae 27418 Barcelona Dr. Corona, CA 92883	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation	Case number (if known)	8:24-bk-11945-TA
	Name		
2.383	Priority creditor's name and mailing address Medawar, Aida 4303 Archway Irvine, CA 92618	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.384	Priority creditor's name and mailing address Medicare JE Part B Refunds Noridian Health Care Solutions, LLC P.O. Box 511381 Los Angeles, CA 90051-7936	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown \$0.00
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.385	Priority creditor's name and mailing address Medina, Paola 1643 W. Dudley Ave Apt. B Anaheim, CA 92802	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.386	Priority creditor's name and mailing address Medrano, Alyssa 1018 Eastside Ave Santa Ana, CA 92701	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

	Debtor Caduceus Physicians Medical Group, a Professional Medical Corporation Name	Case number (if known) 8:24-bk-11945-TA		
2.387	Priority creditor's name and mailing address Mejia Osorio, Katia Del Carmen 523 S Peralta Hills Unit B Anaheim, CA 92807	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Employee - Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.388	Priority creditor's name and mailing address Mejia, Andrew 19162 Parkland St Yorba Linda, CA 92886	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Employee - Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.389	Priority creditor's name and mailing address Mejia, Erika 5360 Silver Canyon Rd Unit C Yorba Linda, CA 92887	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Employee - Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.390	Priority creditor's name and mailing address Melendez, Elizabeth 2900 E. Lincoln Ave Apt. 180 Anaheim, CA 92806	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation <small>Name</small>	Case number (if known)	8:24-bk-11945-TA
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2.391	Priority creditor's name and mailing address Mendez, Joel 2130 W. Crescent Ave #1084 Anaheim, CA 92801	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.392	Priority creditor's name and mailing address Mendoza, April 18860 Seabiscuit Run Yorba Linda, CA 92886	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.393	Priority creditor's name and mailing address Mesino, Kenya 1619 E. Sycamore St #6 Anaheim, CA 92805	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.394	Priority creditor's name and mailing address Meza, Serenna 5815 E. La Palma Ave Apt. 279 Anaheim, CA 92807	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation	Case number (if known)	8:24-bk-11945-TA
	Name		
2.395	Priority creditor's name and mailing address Michaud, Nicole 740 Avenida Del Vista Unit F Corona, CA 92882	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.396	Priority creditor's name and mailing address Mikhael, Marlin 14152 Flower Street G14 Garden Grove, CA 92843	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.397	Priority creditor's name and mailing address Misca, Karina 1500 Cherry St #5304 Placentia, CA 92870	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.398	Priority creditor's name and mailing address Misca, Nathan 1500 Cherry St #5304 Placentia, CA 92870	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation <small>Name</small>	Case number (if known)	8:24-bk-11945-TA
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2.399	Priority creditor's name and mailing address Moctezuma, Guadalupe 1295 E. Lincoln Ave Apt. 35 Anaheim, CA 92805	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.400	Priority creditor's name and mailing address Molina, Lisa 2870 N. Towne Ave #004 Pomona, CA 91767	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.401	Priority creditor's name and mailing address Moline, Ashley E 2795 N. Galley St. Orange, CA 92865	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.402	Priority creditor's name and mailing address Monros-Cintron, Jaedyn 2113 W. Dogwood Ave Anaheim, CA 92801	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation Name	Case number (if known)	8:24-bk-11945-TA
2.403	Priority creditor's name and mailing address Montague, Elizabeth 2212 N. Derek Dr Fullerton, CA 92831 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00 \$0.00
2.404	Priority creditor's name and mailing address Montano, Amanda 29162 Crabapple Lake Elsinore, CA 92530 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00 \$0.00
2.405	Priority creditor's name and mailing address Montejano, Antoinette 1476 Crownview Dr. Corona, CA 92882 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00 \$0.00
2.406	Priority creditor's name and mailing address Montelone, Grace 4485 Via El Molino Yorba Linda, CA 92886 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00 \$0.00

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation	Case number (if known)	8:24-bk-11945-TA
2.407	<p>Priority creditor's name and mailing address</p> <p>Montes, Jacqueline 1873 Junipero Ave Signal Hill, CA 90755</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Former Employee</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$0.00 \$0.00</p>
2.408	<p>Priority creditor's name and mailing address</p> <p>Moore, Amy 2108 Parkside #269 Corona, CA 92879</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Former Employee</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$0.00 \$0.00</p>
2.409	<p>Priority creditor's name and mailing address</p> <p>Moore, Jolie 25495 Budapest Ave Mission Viejo, CA 92691</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Former Employee</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$0.00 \$0.00</p>
2.410	<p>Priority creditor's name and mailing address</p> <p>Moore, Lina 16065 Red Coach Ln Whittier, CA 90604</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Employee - Notice only</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$0.00 Unknown</p>

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation <small>Name</small>	Case number (if known)	8:24-bk-11945-TA
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2.411	Priority creditor's name and mailing address Mora, Nicole 10516 Grovedale Dr. Whittier, CA 90603	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.412	Priority creditor's name and mailing address Moreno, Kevin 16746 Glengray St. La Puente, CA 91744	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.413	Priority creditor's name and mailing address Moreno, Sheila 8281 Garfield St Riverside, CA 92504	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.414	Priority creditor's name and mailing address Mota, Alexa 2993 N Cottonwood St Unit 7 Orange, CA 92865	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 Unknown
Date or dates debt was incurred		Basis for the claim: Employee - Notice only	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation	Case number (if known)	8:24-bk-11945-TA
	Name		
2.415	Priority creditor's name and mailing address Motley, Kristen 223 1/2 20th St Newport Beach, CA 92663	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.416	Priority creditor's name and mailing address Muratella, Janet 21362 Beechwood Way Lake Forest, CA 92630	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.417	Priority creditor's name and mailing address Murillo, Shaida 15017 La Fonda Dr La Mirada, CA 90638	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.418	Priority creditor's name and mailing address Myers, Erin 1542 9th Ave Hacienda Heights, CA 91745	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation <small>Name</small>	Case number (if known)	8:24-bk-11945-TA
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2.419	Priority creditor's name and mailing address Myers, Mason 353 Skywood Street Brea, CA 92821	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.420	Priority creditor's name and mailing address Naeve, Kelsey 5942 E. Calle Cedro Anaheim, CA 92807	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.421	Priority creditor's name and mailing address Nelson Perez, Krystal 140 West Orangethorpe Ave #26 Placentia, CA 92870	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 Unknown
Date or dates debt was incurred		Basis for the claim: Employee - Notice only	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.422	Priority creditor's name and mailing address Nesheiwat, Hannah 6390 E Camino Grande Anaheim, CA 92807	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

	Debtor Caduceus Physicians Medical Group, a Professional Medical Corporation Name	Case number (if known)	8:24-bk-11945-TA
2.423	Priority creditor's name and mailing address Nguyen, Britney 5655 Millstone Pl Yorba Linda, CA 92887	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.424	Priority creditor's name and mailing address Nguyen, Bryan 2011 Fairgreen Ave Monrovia, CA 91016	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.425	Priority creditor's name and mailing address Nguyen, Grace 1146 South Night Star Way Anaheim, CA 92808	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.426	Priority creditor's name and mailing address Nguyen, Kelly 343 Deerfield Drive Walnut, CA 91789	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation <small>Name</small>	Case number (if known)	8:24-bk-11945-TA
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2.427	Priority creditor's name and mailing address Nguyen, Kevin 9201 Sheridan Drive Huntington Beach, CA 92646	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
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Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.428	Priority creditor's name and mailing address Nguyen, Nicholas 854 N Resh Street Anaheim, CA 92805	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	Unknown
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Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Employee - Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.429	Priority creditor's name and mailing address Nibut, Adri-Anne 1817 W. Willow Ave Orange, CA 92868	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
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Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.430	Priority creditor's name and mailing address Nieves, Ashly 5470 Olivewood Ave #11 Riverside, CA 92506	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
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Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation <small>Name</small>	Case number (if known)	8:24-bk-11945-TA
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2.431	Priority creditor's name and mailing address Nochimson, Chad 1524 East Cameron Way Placentia, CA 92870	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	Unknown
Date or dates debt was incurred		Basis for the claim: Employee - Notice only		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.432	Priority creditor's name and mailing address Nudtavuthtisit, Sutee 2629 Brookside Ave Orange, CA 92867	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.433	Priority creditor's name and mailing address Nvarro, Miguel A 521 S. Lyon St Appt. 112 Santa Ana, CA 92701	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.434	Priority creditor's name and mailing address Nye, David 121 N. Kathryn Dr #205 Anaheim, CA 92801	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation <small>Name</small>	Case number (if known)	8:24-bk-11945-TA
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2.435	Priority creditor's name and mailing address Ochoa, Irene 3054 S. Main St Apt. 63B Santa Ana, CA 92707	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.436	Priority creditor's name and mailing address Ochoa, Sandra 19351 Dairen St. Rowland Heights, CA 91748	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.437	Priority creditor's name and mailing address Odum, Prospect 9300 Esther St Cypress, CA 90630	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.438	Priority creditor's name and mailing address Olesya Brissey MD 27 Millstone Irvine, CA 92606	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Employee - Notice only	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

	Debtor Caduceus Physicians Medical Group, a Professional Medical Corporation Name	Case number (if known) 8:24-bk-11945-TA		
2.439	Priority creditor's name and mailing address Olivares, Cesar 2733 W Carlton Pl Santa Ana, CA 92704	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	Unknown
	Date or dates debt was incurred	Basis for the claim: Employee - Notice only		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.440	Priority creditor's name and mailing address Olivares, Eduardo 425 Annette Place Corona, CA 92879	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	Unknown
	Date or dates debt was incurred	Basis for the claim: Employee - Notice only		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.441	Priority creditor's name and mailing address Onofre, Claudia 1015 E. Imperial Hwy Apt. A-2 Placentia, CA 92870	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.442	Priority creditor's name and mailing address Ornelas Reyes, Elizabeth 2190 Trafalgar Ave Riverside, CA 92506	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation Name	Case number (if known)	8:24-bk-11945-TA
2.443	Priority creditor's name and mailing address Ornelas, Cecilia 12831 Yorab Ave, #56 Chino, CA 91710 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00 \$0.00
2.444	Priority creditor's name and mailing address Orozco, Jessica 21525 Via Pepita Yorba Linda, CA 92886 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00 \$0.00
2.445	Priority creditor's name and mailing address Oschmann, Paula 5012 S. McCleve Way #E Ontario, CA 91762 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00 \$0.00
2.446	Priority creditor's name and mailing address Ossa, Stephanie 1816 Baywood Drive Corona, CA 92881 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00 \$0.00

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation		Case number (if known)	8:24-bk-11945-TA
	Name			
2.447	Priority creditor's name and mailing address Oyarzabal, Lesley 710 1/2 W Santa Ana Anaheim, CA 92805	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	Unknown
	Date or dates debt was incurred	Basis for the claim: Employee - Notice only		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.448	Priority creditor's name and mailing address Pablo, Jazmin 717 W Bellevue Drive Anaheim, CA 92805	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	Unknown
	Date or dates debt was incurred	Basis for the claim: Employee - Notice only		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.449	Priority creditor's name and mailing address Paez, Rubi 2306 W. Avalon Ave Santa Ana, CA 92706	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.450	Priority creditor's name and mailing address Pagan, Ashlee 13368 San Marcos Place Chino, CA 91710	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

	Debtor Caduceus Physicians Medical Group, a Professional Medical Corporation Name	Case number (if known) 8:24-bk-11945-TA		
2.451	Priority creditor's name and mailing address Pakdamanian, Kayvon 2209 Sageleaf Circle Corona, CA 92882	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	Unknown
	Date or dates debt was incurred	Basis for the claim: Employee - Notice only		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.452	Priority creditor's name and mailing address Parekh, Diya 1733 N Holbrook St Anaheim, CA 92807	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	Unknown
	Date or dates debt was incurred	Basis for the claim: Employee - Notice only		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.453	Priority creditor's name and mailing address Patel, Shital 3989 Peppertree Lane Chino, CA 91710	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	Unknown
	Date or dates debt was incurred	Basis for the claim: Employee - Notice only		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.454	Priority creditor's name and mailing address Pavloff, Katharine 4631 Rhapsody Drive Huntington Beach, CA 92649	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation <small>Name</small>	Case number (if known)	8:24-bk-11945-TA
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2.455	Priority creditor's name and mailing address Pearcy, Megan 5817 Via Romero Yorba Linda, CA 92886	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.456	Priority creditor's name and mailing address Pease, Dylan 20645 Via Veronica Yorba Linda, CA 92887	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.457	Priority creditor's name and mailing address Pena, Casandra 1672 Orchard Dr., #J Placentia, CA 92870	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.458	Priority creditor's name and mailing address Penkoff, Scott 28188 Moulton Pkwy Apt. 1614 Laguna Niguel, CA 92677	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation	Case number (if known)	8:24-bk-11945-TA
2.459	<p>Priority creditor's name and mailing address</p> <p>Penning-Vasquez, Kellen 1119 W. 10th Street #N Corona, CA 92882</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Former Employee</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$0.00 \$0.00</p>
2.460	<p>Priority creditor's name and mailing address</p> <p>Peralta, Jessica 4651 Via De La Luna Yorba Linda, CA 92886</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Former Employee</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$0.00 \$0.00</p>
2.461	<p>Priority creditor's name and mailing address</p> <p>Perez, Adrien 8865 Pico Vista Rd Pico Rivera, CA 90660</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Employee - Notice only</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$0.00 Unknown</p>
2.462	<p>Priority creditor's name and mailing address</p> <p>Perez, Irene 819 West Stevens Ave Apt 6 Santa Ana, CA 92707</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Employee - Notice only</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$0.00 Unknown</p>

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation	Case number (if known)	8:24-bk-11945-TA
2.463	<p>Priority creditor's name and mailing address</p> <p>Perez, Leticia 2601 N. Grand Ave Apt 56 Fountain Valley, CA 92708</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Former Employee</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$0.00 \$0.00</p>
2.464	<p>Priority creditor's name and mailing address</p> <p>Perez, Maria 521 S. Lyon St. Apt. 123 Santa Ana, CA 92701</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Former Employee</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$0.00 \$0.00</p>
2.465	<p>Priority creditor's name and mailing address</p> <p>Perez, Nicole 16941 Loijelton St La Puente, CA 91744</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Former Employee</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$0.00 \$0.00</p>
2.466	<p>Priority creditor's name and mailing address</p> <p>Perez, Samantha 329 E. Bonnie Brae Ct Ontario, CA 91764</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Former Employee</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$0.00 \$0.00</p>

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation <small>Name</small>	Case number (if known)	8:24-bk-11945-TA
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2.467	Priority creditor's name and mailing address Perfecto, Amary-Gail Cabudol 39494 Val Vista Court Murrieta, CA 92563	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.468	Priority creditor's name and mailing address Perkins, Kristina 9194 Ethen Street Cypress, CA 90630	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	Unknown
	Date or dates debt was incurred	Basis for the claim: Employee - Notice only		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.469	Priority creditor's name and mailing address Perryman, Christina 16415 Lake Knoll Parkway Riverside, CA 92503	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	Unknown
	Date or dates debt was incurred	Basis for the claim: Employee - Notice only		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.470	Priority creditor's name and mailing address Peterson, Emily 29842 Longhorn Dr. Sun City, CA 92587	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation <small>Name</small>	Case number (if known)	8:24-bk-11945-TA
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2.471	Priority creditor's name and mailing address Pettifer, Michael 1218 Sycamore Ave Fullerton, CA 92831	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.472	Priority creditor's name and mailing address Phillips, Sadie 816 S. Walnut Ave, #D Brea, CA 92821	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.473	Priority creditor's name and mailing address Pierre, Edwal 5022 Caspian Circle Huntington Beach, CA 92649	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 Unknown
Date or dates debt was incurred		Basis for the claim: Employee - Notice only	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.474	Priority creditor's name and mailing address Pineda, Samantha 3663 Country Oaks Loop Unit B Ontario, CA 91761	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation <small>Name</small>	Case number (if known)	8:24-bk-11945-TA
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2.475	Priority creditor's name and mailing address Pisani, Audra 20515 Via Nopales Yorba Linda, CA 92886	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
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Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.476	Priority creditor's name and mailing address Pleasant, Melissa 502 Archwood Ct. Brea, CA 92821	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
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Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.477	Priority creditor's name and mailing address Ponzio, Dennis 326 S Whitestone Dr Anaheim, CA 92807	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	\$0.00
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Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Employee - Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.478	Priority creditor's name and mailing address Powell, Natalie 2721 Camellia Ct Corona, CA 92882	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	Unknown
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Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Employee - Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation <small>Name</small>	Case number (if known)	8:24-bk-11945-TA
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2.479	Priority creditor's name and mailing address Prado, Nanci 1544 E. Quincy Ave Apt. A22 Orange, CA 92867	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.480	Priority creditor's name and mailing address Prescott, Naomi 512 W. Woodcrest Avenue Fullerton, CA 92832	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.481	Priority creditor's name and mailing address Prickett, Alishia 8312 Greenleaf Ave Whittier, CA 90602	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 Unknown
Date or dates debt was incurred		Basis for the claim: Employee - Notice only	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.482	Priority creditor's name and mailing address Pulido, Haileigh 403 Blue Jay Drive Brea, CA 92823	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation <small>Name</small>	Case number (if known)	8:24-bk-11945-TA
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2.483	Priority creditor's name and mailing address Quezada, Brianna 1370 Cabrilo Park Dr. Apt. A Santa Ana, CA 92701	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.484	Priority creditor's name and mailing address Rachall, Gaston 32302 Alipaz Street Space 144 San Juan Capistrano, CA 92675	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 Unknown
Date or dates debt was incurred		Basis for the claim: Employee - Notice only	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.485	Priority creditor's name and mailing address Rafique, Sara 1202 Devon Place Diamond Bar, CA 91765	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.486	Priority creditor's name and mailing address Rajendran, Noosheen 3818 Platt Way Tustin, CA 92780	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation	Case number (if known)	8:24-bk-11945-TA
	Name		
2.487	Priority creditor's name and mailing address Ramirez, Alexander 6963 Dublin Dr. Chino, CA 91710	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.488	Priority creditor's name and mailing address Ramirez, Mikayla 12429 Spectrum Irvine, CA 92618	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.489	Priority creditor's name and mailing address Ramos, Cesar 16716 Glengray St. La Puente, CA 91744	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.490	Priority creditor's name and mailing address Randolph, Pamela 4476 Mimosa Dr. Yorba Linda, CA 92886	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation	Case number (if known)	8:24-bk-11945-TA
	Name		
2.491	Priority creditor's name and mailing address Rangel, Elide 6150 Cripple Creek Corona, CA 92880	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.492	Priority creditor's name and mailing address Raya, Ana-Alicia 11430 Autum St Adelanto, CA 92301	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.493	Priority creditor's name and mailing address Real, Kaitlyn 8043 E. Woodwind Ave Orange, CA 92869	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.494	Priority creditor's name and mailing address Reveles, Azucena 385 S. Vine St. Apt. 247 Anaheim, CA 92805	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation <small>Name</small>	Case number (if known)	8:24-bk-11945-TA
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2.495	Priority creditor's name and mailing address Reves, Sherry 4620 Avenida De Las Flores Yorba Linda, CA 92886	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
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Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.496	Priority creditor's name and mailing address Reyes, Diana M. 5414 Passero Ave Riverside, CA 92505	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
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Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.497	Priority creditor's name and mailing address Rigby, Laura 971 Hemingway Dr. Corona, CA 92878	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
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Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.498	Priority creditor's name and mailing address Rios, Jaqueline 1734 Bern Drive Corona, CA 92882	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	Unknown
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Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Employee - Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation <small>Name</small>	Case number (if known)	8:24-bk-11945-TA
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2.499	Priority creditor's name and mailing address Rivera, Adonnis 11903 Roseton Ave Norwalk, CA 90650	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.500	Priority creditor's name and mailing address Rivera, Stephanie 8448 E Kendra Loop Orange, CA 92867	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 Unknown
Date or dates debt was incurred		Basis for the claim: Employee - Notice only	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.501	Priority creditor's name and mailing address Robles, Sarai 5127 East Marita Lane Apt. B Anaheim, CA 92807	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.502	Priority creditor's name and mailing address Rodriguez, Andria 6082 Fullteron Ave Apt. 2 Buena Park, CA 90621	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation Name	Case number (if known)	8:24-bk-11945-TA
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2.503	Priority creditor's name and mailing address Rodriguez, Alexandra 1021 Lynwood Dr. Brea, CA 92821	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
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	Date or dates debt was incurred	Basis for the claim: Former Employee	
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	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
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2.504	Priority creditor's name and mailing address Rodriguez, Alicia 309 N. Mountain View #7 Fullerton, CA 92831	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
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	Date or dates debt was incurred	Basis for the claim: Former Employee	
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	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
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2.505	Priority creditor's name and mailing address Rodriguez, Emily 1742 Glenoaks Avenue Anaheim, CA 92801	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 Unknown
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	Date or dates debt was incurred	Basis for the claim: Employee - Notice only	
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	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
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2.506	Priority creditor's name and mailing address Rodriguez, Jennifer 529 E. 11th Street Apt. J Upland, CA 91786	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
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	Date or dates debt was incurred	Basis for the claim: Former Employee	
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	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
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	Debtor Caduceus Physicians Medical Group, a Professional Medical Corporation Name	Case number (if known) 8:24-bk-11945-TA		
2.507	Priority creditor's name and mailing address Rodriguez, Jessica Rikki 132 S Cornell Ave Fullerton, CA 92831	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	Unknown
	Date or dates debt was incurred	Basis for the claim: Employee - Notice only		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.508	Priority creditor's name and mailing address Rodriguez, Martha 13318 Heather Lee St Eastvale, CA 92880	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	Unknown
	Date or dates debt was incurred	Basis for the claim: Employee - Notice only		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.509	Priority creditor's name and mailing address Roemer, Brooke 426 19th Street Apt. 4 Huntington Beach, CA 92648	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.510	Priority creditor's name and mailing address Rogers, Nichole 2132 Brookhaven Ave Placentia, CA 92870	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	Unknown
	Date or dates debt was incurred	Basis for the claim: Employee - Notice only		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation	Case number (if known)	8:24-bk-11945-TA
Name			
2.511	<p>Priority creditor's name and mailing address</p> <p>Rojas, Nicole 9382 Shadowood Dr Apt F Montclair, CA 91763</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Employee - Notice only</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$0.00 Unknown</p>
2.512	<p>Priority creditor's name and mailing address</p> <p>Roman, Abigail 30041 Tessier #312 Laguna Niguel, CA 92677</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Former Employee</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$0.00 \$0.00</p>
2.513	<p>Priority creditor's name and mailing address</p> <p>Roman, Raquel 7500 Crescent Ave Apt 142 Buena Park, CA 90620</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Employee - Notice only</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$0.00 Unknown</p>
2.514	<p>Priority creditor's name and mailing address</p> <p>Rosales, Flor 5071 E. Lomita Ave Orange, CA 92869</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Former Employee</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$0.00 \$0.00</p>

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation <small>Name</small>	Case number (if known)	8:24-bk-11945-TA
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2.515	Priority creditor's name and mailing address Rosales, Marisol 12643 Dolly Ct Corona, CA 92880	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.516	Priority creditor's name and mailing address Rosca, Deborah 7700 Crocus Circle Buena Park, CA 90620	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.517	Priority creditor's name and mailing address Ross, Kieyera 510 McFadden Street Unit A La Habra, CA 90631	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 Unknown
Date or dates debt was incurred		Basis for the claim: Employee - Notice only	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.518	Priority creditor's name and mailing address Ross, Tamia 13135 Heacock Street 210 Moreno Valley, CA 92553	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation	Case number (if known)	8:24-bk-11945-TA
	Name		
2.519	Priority creditor's name and mailing address Rubi, Ashley 3600 Crowell Ave Riverside, CA 92504	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.520	Priority creditor's name and mailing address Ruegg, Nancy 236 S. Cambridge St Orange, CA 92866	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.521	Priority creditor's name and mailing address Ruiz Chicas, Jemima Abigail 21146 Chesterbrook L Huntington Beach, CA 92646	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.522	Priority creditor's name and mailing address Ruiz, Danielle 1295 E. Lincoln Ave #45 Anaheim, CA 92805	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation <small>Name</small>	Case number (if known)	8:24-bk-11945-TA
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2.523	Priority creditor's name and mailing address Ruiz, Heather 2200 North White Avenue #67 Pomona, CA 91768	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 Unknown
Date or dates debt was incurred		Basis for the claim: Employee - Notice only	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.524	Priority creditor's name and mailing address Ruiz, Jayson 11262 Cochran Ave Riverside, CA 92505	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.525	Priority creditor's name and mailing address Ruiz, Michelle Nicole 3101 S. Bristol St. Apt. 104 Santa Ana, CA 92704	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.526	Priority creditor's name and mailing address Ruiz, Stefani 1295 E. Lincoln Ave Apt. 45 Anaheim, CA 92805	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation <small>Name</small>	Case number (if known)	8:24-bk-11945-TA
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2.527	Priority creditor's name and mailing address Russell, Jaime 8400 Edinger Ave M204 Huntington Beach, CA 92647	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
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Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.528	Priority creditor's name and mailing address Ryan, Paige 4374 Mahogany Circle Orange, CA 92866	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
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Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.529	Priority creditor's name and mailing address Rylander, Emily 16530 Campesina Lane Huntington Beach, CA 92649	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 Unknown
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Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Employee - Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.530	Priority creditor's name and mailing address Saavedra, Sasha 8143 Hunter Green Buena Park, CA 90621	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
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Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation <small>Name</small>	Case number (if known)	8:24-bk-11945-TA
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2.531	Priority creditor's name and mailing address Saba, Syeda 5816 E. Lavender Ct. Orange, CA 92867	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.532	Priority creditor's name and mailing address Saenz, Alma 1149 N. Mayfair Ave #D Anaheim, CA 92801	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.533	Priority creditor's name and mailing address Saenz, Kiersti 1381 S Walnut St Unit 2604 Anaheim, CA 92802	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 Unknown
Date or dates debt was incurred		Basis for the claim: Employee - Notice only	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.534	Priority creditor's name and mailing address Salazar, Jaimie Y 1319 Custozza Ave Rowland Heights, CA 91748	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation <small>Name</small>	Case number (if known)	8:24-bk-11945-TA
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2.535	Priority creditor's name and mailing address Salazar, Vanessa 24555 Ave De Marcia #D Anaheim, CA 92801	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.536	Priority creditor's name and mailing address Samoff, Tiffany 17001 La Kenice Way Yorba Linda, CA 92886	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.537	Priority creditor's name and mailing address Sanchez, Eileen 1658 W. Orangewood #A Anaheim, CA 92802	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.538	Priority creditor's name and mailing address Sanchez, Estela 510 Highland St Santa Ana, CA 92701	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 Unknown
Date or dates debt was incurred		Basis for the claim: Employee - Notice only	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation	Case number (if known)	8:24-bk-11945-TA
	Name		
2.539	Priority creditor's name and mailing address Sanchez, Hector 13720 Sylmar Drive Moreno Valley, CA 92553	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.540	Priority creditor's name and mailing address Sanchez, Maria 50 Via Serena Rancho Santa Margarita, CA 92688	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.541	Priority creditor's name and mailing address Sanchez, Stephanie 6884 Lucero Way Fontana, CA 92336	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.542	Priority creditor's name and mailing address Sandoval, Angeline 7961 Lime Ave Apt. 1 Fontana, CA 92336	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation Name	Case number (if known)	8:24-bk-11945-TA
2.543	Priority creditor's name and mailing address Sanguedolce, John 171 E. 18th Street Apt. C1 Costa Mesa, CA 92627	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.544	Priority creditor's name and mailing address Santiago Lopez, Azucena 339 Del Rio Way Apt. 3 Vista, CA 92083	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.545	Priority creditor's name and mailing address Sapien, Dana 13751 Gunter St Garden Grove, CA 92843	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.546	Priority creditor's name and mailing address Sapien, Jessica 116 S. Topo Street Anaheim, CA 92804	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation <small>Name</small>	Case number (if known)	8:24-bk-11945-TA
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2.547	Priority creditor's name and mailing address Sarabia, Christopher 13408 Heritage Way Tustin, CA 92782	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Basis for the claim: Former Employee	
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

2.548	Priority creditor's name and mailing address Sathyaprakash, Smitha 27 Gladstone Irvine, CA 92606	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 Unknown
Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Basis for the claim: Employee - Notice only	
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

2.549	Priority creditor's name and mailing address Schmidt, Rachel 3010 Colt Way, #193 Fullerton, CA 92833	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Basis for the claim: Former Employee	
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

2.550	Priority creditor's name and mailing address Selinske, Kristen 830 Sungrove Pl Brea, CA 92821	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Basis for the claim: Former Employee	
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation	Case number (if known)	8:24-bk-11945-TA
	Name		
2.551	Priority creditor's name and mailing address Servin, Andrea 1745 Vincente Ave Placentia, CA 92870	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.552	Priority creditor's name and mailing address Shah, Vrunda 2025 Tanforan Ave Placentia, CA 92870	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.553	Priority creditor's name and mailing address Shaikh, Talath 4742 Serrente Plaze Yorba Linda, CA 92886	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.554	Priority creditor's name and mailing address Shannon, Shanice 10522 Santa Gertrude Ave 12 Whittier, CA 90603	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation <small>Name</small>	Case number (if known)	8:24-bk-11945-TA
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2.555	Priority creditor's name and mailing address Shariff, Shabeena 4109 Temhurst Court Yorba Linda, CA 92886	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.556	Priority creditor's name and mailing address Shi, Alda 3612 W. Medici Lane Inglewood, CA 90305	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.557	Priority creditor's name and mailing address Shihad, Kirstin 155 S Angelina Dr Apt G182 Placentia, CA 92870	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 Unknown
Date or dates debt was incurred		Basis for the claim: Employee - Notice only	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.558	Priority creditor's name and mailing address Shinn, Miranda Virginia 1027 Lake Street Huntington Beach, CA 92648	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

	Debtor Caduceus Physicians Medical Group, a Professional Medical Corporation Name	Case number (if known) 8:24-bk-11945-TA		
2.559	Priority creditor's name and mailing address Shu, Carolyn 1251 N Robwood Circle Anaheim, CA 92807	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	Unknown
	Date or dates debt was incurred	Basis for the claim: Employee - Notice only		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.560	Priority creditor's name and mailing address Sierra, Andrew 4071 Lombardy Ave Chino, CA 91710	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.561	Priority creditor's name and mailing address Sison, Bryan 1035 Capen Ave Diamond Bar, CA 91765	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.562	Priority creditor's name and mailing address Sitar, Andrea 2571 Riverside Te Los Angeles, CA 90039	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation Name	Case number (if known)	8:24-bk-11945-TA
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2.563	Priority creditor's name and mailing address Smith, Teresa 8501 Sea Pines Place TX 75072	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.564	Priority creditor's name and mailing address Sobral, Carlos 10291 Via Corta Villa Park, CA 92861	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 Unknown
Date or dates debt was incurred		Basis for the claim: Employee - Notice only	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.565	Priority creditor's name and mailing address Solis, Reyna 1103 De La Garza San Clemente, CA 92672	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.566	Priority creditor's name and mailing address Soomro, Aiman 2301 Cherokee Ave Placentia, CA 92870	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation	Case number (if known)	8:24-bk-11945-TA
	Name		
2.567	Priority creditor's name and mailing address Soriano, Dana 3219 Huntifield St. Corona, CA 92882	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.568	Priority creditor's name and mailing address Soto, Isabella 12219 Meadow Green R Whittier, CA 90604	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.569	Priority creditor's name and mailing address Soto, Selina 6922 E Monaco Parkway Orange, CA 92867	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 Unknown
	Date or dates debt was incurred	Basis for the claim: Employee - Notice only	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.570	Priority creditor's name and mailing address Sotolongo, Daisy 20142 Milan Ct Yorba Linda, CA 92886	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation <small>Name</small>	Case number (if known)	8:24-bk-11945-TA
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2.571	Priority creditor's name and mailing address Spinks, Stephanie 166 Virginia Place, #B Costa Mesa, CA 92627	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.572	Priority creditor's name and mailing address Spivey, Ronisha 431 W. 21st St. San Bernardino, CA 92405	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.573	Priority creditor's name and mailing address Stackpole, Alicia 3213 Gardenia Ln Yorba Linda, CA 92886	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.574	Priority creditor's name and mailing address Stampwala, Shannon 5040 E. Tango Circle Anaheim, CA 92807	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation	Case number (if known)	8:24-bk-11945-TA
	Name		
2.575	Priority creditor's name and mailing address Stangl, Samantha 26 Billings ave Beaumont, CA 92223	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.576	Priority creditor's name and mailing address Su, Charlene 2733 E. Stearns St. Brea, CA 92821	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.577	Priority creditor's name and mailing address Suarez, Marissa 1337 E. Verness St. West Covina, CA 91790	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.578	Priority creditor's name and mailing address Sukert, Kiersten 827 N. Adlena Dr. Fullerton, CA 92833	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation	Case number (if known)	8:24-bk-11945-TA
	Name		
2.579	Priority creditor's name and mailing address Surjana, Firly 23140 Newport Ln Yorba Linda, CA 92887	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.580	Priority creditor's name and mailing address Swanson, Jennifer 14027 Lanning Dr Whittier, CA 90605	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.581	Priority creditor's name and mailing address Swiney, Samantha 847 Amigos Way Norco, CA 92860	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.582	Priority creditor's name and mailing address Syed, Sarosh 1945 Dana Place Fullerton, CA 92831	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

	Debtor Caduceus Physicians Medical Group, a Professional Medical Corporation Name	Case number (if known) 8:24-bk-11945-TA		
2.583	Priority creditor's name and mailing address Talob, Brandon 23061 Archibald Avenue Carson, CA 90745	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	Unknown
	Date or dates debt was incurred	Basis for the claim: Employee - Notice only		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.584	Priority creditor's name and mailing address Tamas, Denis Gabriel 2229 N. Lyon St. Santa Ana, CA 92705	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.585	Priority creditor's name and mailing address Tan, Karren 20705 Kelfield Dr. Walnut, CA 91789	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.586	Priority creditor's name and mailing address Tapia, Lizbeth 2531 E. Park Lane Anaheim, CA 92806	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

	Debtor Caduceus Physicians Medical Group, a Professional Medical Corporation Name	Case number (if known)	8:24-bk-11945-TA
2.587	Priority creditor's name and mailing address Tareen, Naureen 831 West Las Palmas Drive Fullerton, CA 92835	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 Unknown
	Date or dates debt was incurred	Basis for the claim: Employee - Notice only	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.588	Priority creditor's name and mailing address Tareen, Serene 1259 Providence Loop Placentia, CA 92870	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 Unknown
	Date or dates debt was incurred	Basis for the claim: Employee - Notice only	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.589	Priority creditor's name and mailing address Tellez, Jasmine 1041 Cypress St Placentia, CA 92870	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.590	Priority creditor's name and mailing address Thometz, Kyler 6520 E. Deleon S Long Beach, CA 90815	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation <small>Name</small>	Case number (if known)	8:24-bk-11945-TA
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2.591	Priority creditor's name and mailing address Thompson, Beth 1618 Kingham Way Fullerton, CA 92833	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.592	Priority creditor's name and mailing address Thompson, Diane 12001 Herman Drive Riverside, CA 92505	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 Unknown
Date or dates debt was incurred		Basis for the claim: Employee - Notice only	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.593	Priority creditor's name and mailing address Thompson, Kayla 2540 Country Hill Rd Apt. 250 Brea, CA 92821	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.594	Priority creditor's name and mailing address Tigan, Amalia 7244 Fenway Drive Apt. B Westminster, CA 92683	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation <small>Name</small>	Case number (if known)	8:24-bk-11945-TA
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2.595	Priority creditor's name and mailing address Tina, Allison 12591 Leroy Ave Garden Grove, CA 92841	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.596	Priority creditor's name and mailing address Tiprigan, Simina 8331 Myrttewood Cr Westminster, CA 92683	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.597	Priority creditor's name and mailing address Tiscareno, Reyna 6201 Shelly Drive Huntington Beach, CA 92647	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 Unknown
Date or dates debt was incurred		Basis for the claim: Employee - Notice only	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.598	Priority creditor's name and mailing address Tonelli, Alyssa 6031 Calle Mirador Yorba Linda, CA 92886	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation <small>Name</small>	Case number (if known)	8:24-bk-11945-TA
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2.599	Priority creditor's name and mailing address Toner, Alyssa 6031 Calle Mirador Yorba Linda, CA 92886	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.600	Priority creditor's name and mailing address Toner, Marcy 7900 E Woodsboro Ave Anaheim, CA 92807	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 Unknown
Date or dates debt was incurred		Basis for the claim: Employee - Notice only	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.601	Priority creditor's name and mailing address Torres, Alyssa 7900 E. Woodsboro Ave Anaheim, CA 92807	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.602	Priority creditor's name and mailing address Torres, Liliana 1745 Oak Knoll Drive Anaheim, CA 92807	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation	Case number (if known)	8:24-bk-11945-TA
	Name		
2.603	Priority creditor's name and mailing address Torrez, Sandra 149 Rosslyn Anaheim, CA 92802	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.604	Priority creditor's name and mailing address Tran, Calvin 6262 Klamath Drive Westminster, CA 92683	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.605	Priority creditor's name and mailing address Tran-Kim, Diana 104 Measure Irvine, CA 92618	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.606	Priority creditor's name and mailing address Trujillo, Vanessa 9256 Tarryton Ave Whittier, CA 90605	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation <small>Name</small>	Case number (if known)	8:24-bk-11945-TA
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2.607	Priority creditor's name and mailing address Turner, Chistina 785 S. Camino Grande #5 Anaheim, CA 92807	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.608	Priority creditor's name and mailing address Tydingco, Darla 40373 Jacob Way Murrieta, CA 92563	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.609	Priority creditor's name and mailing address Tyler, Kadey Michelle 7798 La Mesa Way Buena Park, CA 90620	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.610	Priority creditor's name and mailing address Uriostegui, Rayanna 6478 Gladiola St. Corona, CA 92880	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation Name	Case number (if known)	8:24-bk-11945-TA
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2.611	Priority creditor's name and mailing address US Treasury IRS 1973 North Rulon White Bldg. Ogden, UT 84201-0062	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown \$0.00
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.612	Priority creditor's name and mailing address Uytiepo, Olivia 33 Tortuga Cay Aliso Viejo, CA 92656	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 Unknown
Date or dates debt was incurred		Basis for the claim: Employee - Notice only	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.613	Priority creditor's name and mailing address Valadez, Maria 408 S. Dexter St. La Habra, CA 90631	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.614	Priority creditor's name and mailing address Valadez, Maria 408 s. Dexter St. La Habra, CA 90631	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation	Case number (if known)	8:24-bk-11945-TA
	Name		
2.615	Priority creditor's name and mailing address Valdez, Mike 1001 East Stearns Ave Apt. 2 La Habra, CA 90631	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.616	Priority creditor's name and mailing address Valenzuela, Lesley 1191 N. West Street Anaheim, CA 92801	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.617	Priority creditor's name and mailing address Van Gerpen, Jennifer 2570 Lakeview Drive, #3 Eugene, OR 97408	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.618	Priority creditor's name and mailing address Vargas, Elizabeth 314 E. Santa Clara Ave Santa Ana, CA 92706	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation <small>Name</small>	Case number (if known)	8:24-bk-11945-TA
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2.619	Priority creditor's name and mailing address Vazquez, Linda 1211 Henderson Way La Habra, CA 90631	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Employee - Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.620	Priority creditor's name and mailing address Vejariel, Rebecca 685 Atlantic Ct Upland, CA 91786	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.621	Priority creditor's name and mailing address Velazquez, Cindy 4861 Lincoln Ave Space 37 Cypress, CA 90630	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.622	Priority creditor's name and mailing address Venckus, Jacqueline 130 S. Avenida Felipe Placentia, CA 92870	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Former Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation	Case number (if known)	8:24-bk-11945-TA
	Name		
2.623	Priority creditor's name and mailing address Vergilio, Courtney 4641 Suite Dr. Huntington Beach, CA 92649	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.624	Priority creditor's name and mailing address Vertiz, Gabrielle 12271 Lambert Circle Garden Grove, CA 92841	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.625	Priority creditor's name and mailing address Victorian, Daniel 5185 Avenida de Kris Yorba Linda, CA 92887	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.626	Priority creditor's name and mailing address Villalobos, Briana 17074 Los Angeles St. Yorba Linda, CA 92886	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation <small>Name</small>	Case number (if known)	8:24-bk-11945-TA
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2.627	Priority creditor's name and mailing address Villalobos, Priscilla 15702 Formby Drive La Mirada, CA 90638	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
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	Date or dates debt was incurred	Basis for the claim: Former Employee	
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	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
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2.628	Priority creditor's name and mailing address Villalobos-Rivas, Jessica 1511 N. French St. Santa Ana, CA 92701	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
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	Date or dates debt was incurred	Basis for the claim: Former Employee	
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	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
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2.629	Priority creditor's name and mailing address Villanueva, Estrella 327 N. Valley St. Apt. 4 Anaheim, CA 92801	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
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	Date or dates debt was incurred	Basis for the claim: Former Employee	
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	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
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2.630	Priority creditor's name and mailing address Villapando, Marissa 10809 Fair Grove Ct. Riverside, CA 92503	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
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	Date or dates debt was incurred	Basis for the claim: Former Employee	
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	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
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	Debtor Caduceus Physicians Medical Group, a Professional Medical Corporation Name	Case number (if known) 8:24-bk-11945-TA		
2.631	Priority creditor's name and mailing address Vineyard, Cindy A 2231 Lochness Circle Corona, CA 92881	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	Unknown
	Date or dates debt was incurred	Basis for the claim: Employee - Notice only		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.632	Priority creditor's name and mailing address Vineyard, Katie 2231 Lochness Circle Corona, CA 92881	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	Unknown
	Date or dates debt was incurred	Basis for the claim: Employee - Notice only		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.633	Priority creditor's name and mailing address Vo, Judy 484 W Cromwell Ave Clovis, CA 93611	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	Unknown
	Date or dates debt was incurred	Basis for the claim: Employee - Notice only		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.634	Priority creditor's name and mailing address Waldron, Mariah 350 W. Central Ave Unit 130 Brea, CA 92821	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation <small>Name</small>	Case number (if known)	8:24-bk-11945-TA
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2.635	Priority creditor's name and mailing address Wallace, Sheree 6967 Vining Street Chino, CA 91710	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
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	Date or dates debt was incurred	Basis for the claim: Former Employee	
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	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
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2.636	Priority creditor's name and mailing address Walters, Joshua 8421 E Amberwood St Anaheim, CA 92808	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 Unknown
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	Date or dates debt was incurred	Basis for the claim: Employee - Notice only	
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	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
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2.637	Priority creditor's name and mailing address Wanchan, Minlany 2300 Fan Palm Dr Placentia, CA 92870	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
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	Date or dates debt was incurred	Basis for the claim: Former Employee	
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	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
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2.638	Priority creditor's name and mailing address Watson-Balamoundo, Gina 225 N. Clark Street Orange, CA 92868	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
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	Date or dates debt was incurred	Basis for the claim: Former Employee	
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	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
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Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation Name	Case number (if known)	8:24-bk-11945-TA
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2.639	Priority creditor's name and mailing address Weaver, Raymond 108 Grazie Irvine, CA 92602	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 Unknown
Date or dates debt was incurred		Basis for the claim: Employee - Notice only	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.640	Priority creditor's name and mailing address Wee, Seo Yeon 14576 Elm Hill Lane Chino Hills, CA 91709	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.641	Priority creditor's name and mailing address Weidner, Anne 28201 Josefina Mission Viejo, CA 92692	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.642	Priority creditor's name and mailing address Weinstein, Andrea 20450 Via Celestina Yorba Linda, CA 92887	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 Unknown
Date or dates debt was incurred		Basis for the claim: Employee - Notice only	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation	Case number (if known)	8:24-bk-11945-TA
	Name		
2.643	Priority creditor's name and mailing address Weise, Zachary 5534 W. 78th St. Los Angeles, CA 90045	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.644	Priority creditor's name and mailing address Wells, Nicole 8121 Coral Bell Way Buena Park, CA 90620	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 Unknown
	Date or dates debt was incurred	Basis for the claim: Employee - Notice only	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.645	Priority creditor's name and mailing address Wendt, Erica 11381 Anegada St Cypress, CA 90630	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.646	Priority creditor's name and mailing address Wickershiem, Allison 2730 Wrangler Cir Corona, CA 92882	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation <small>Name</small>	Case number (if known)	8:24-bk-11945-TA
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2.647	Priority creditor's name and mailing address Wier, Natalie 155 S. Angelina Dr Apt. 211 Placentia, CA 92870	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.648	Priority creditor's name and mailing address Williams, Antoinette 2233 Martin Luther Apt. B Long Beach, CA 90806	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.649	Priority creditor's name and mailing address Williams, Mackenzie 2120 S. State College #3077 Anaheim, CA 92806	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.650	Priority creditor's name and mailing address Williams-Triplett, Patricia P.O. Box 70152 Riverside, CA 92513	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Former Employee	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation Name	Case number (if known)	8:24-bk-11945-TA
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2.651	Priority creditor's name and mailing address Wilson, Julia 1942 Frederick St. Placentia, CA 92870	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
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	Date or dates debt was incurred	Basis for the claim: Former Employee	
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	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
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2.652	Priority creditor's name and mailing address Wilson, Natalie 128 Crescent Bay Drive Laguna Beach, CA 92651	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
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	Date or dates debt was incurred	Basis for the claim: Former Employee	
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	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
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2.653	Priority creditor's name and mailing address Wiriadinata, Elizabeth 20330 Channing Lane Yorba Linda, CA 92887	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 Unknown
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	Date or dates debt was incurred	Basis for the claim: Employee - Notice only	
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	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
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2.654	Priority creditor's name and mailing address Wise, Jennifer 438 W. Wilshire Ave Fullerton, CA 92832	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
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	Date or dates debt was incurred	Basis for the claim: Former Employee	
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	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
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Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation	Case number (if known)	8:24-bk-11945-TA
	Name		
2.655	Priority creditor's name and mailing address Wong, Stephanie 18 Wild Rose Place Aliso Viejo, CA 92656	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.656	Priority creditor's name and mailing address Wood, Lea 1305 S. Prospect Ave Redondo Beach, CA 90277	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.657	Priority creditor's name and mailing address Worden, Kirstin 331 S. Idaho St., #D La Habra, CA 90631	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.658	Priority creditor's name and mailing address Wordlaw, Eric 8561 Heil Ave Westminster, CA 92683	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

	Debtor Caduceus Physicians Medical Group, a Professional Medical Corporation Name	Case number (if known) 8:24-bk-11945-TA		
2.659	Priority creditor's name and mailing address Wright, Taliaanne 2076 N Rancho LaMerc Covina, CA 91724	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	Unknown
	Date or dates debt was incurred	Basis for the claim: Employee - Notice only		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.660	Priority creditor's name and mailing address Wusstig, Madison 3007 Geraldo San Clemente, CA 92673	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	Unknown
	Date or dates debt was incurred	Basis for the claim: Employee - Notice only		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.661	Priority creditor's name and mailing address Wusstig, Monique 3007 Geraldo San Clemente, CA 92673	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	Unknown
	Date or dates debt was incurred	Basis for the claim: Employee - Notice only		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.662	Priority creditor's name and mailing address Wynn, Katrina 18135 Watson Way Orange, CA 92866	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation	Case number (if known)	8:24-bk-11945-TA
	Name		
2.663	Priority creditor's name and mailing address Yahya, Kharouf 4715 Via De La Mula Yorba Linda, CA 92886	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.664	Priority creditor's name and mailing address Yan, Christopher 2624 E. Harper St Ontario, CA 91762	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.665	Priority creditor's name and mailing address Yanez, Ariadna 2500 S. Salta Street Apt. 19 Santa Ana, CA 92704	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.666	Priority creditor's name and mailing address Yarwood, Christina M. 155 N. Cross Creek Unit E Orange, CA 92869	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation	Case number (if known)	8:24-bk-11945-TA
	Name		
2.667	Priority creditor's name and mailing address Yazdi, Donya 29256 Dean St. Laguna Niguel, CA 92677	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.668	Priority creditor's name and mailing address Ybarra, Brittany 9115 Edmaru Ave Whittier, CA 90605	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.669	Priority creditor's name and mailing address Yoo, Kristen 3255 E. Phillips Ct. Brea, CA 92821	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.670	Priority creditor's name and mailing address Zavala, Julissa 2474 Monterey Penins Corona, CA 92882	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation	Case number (if known)	8:24-bk-11945-TA
	Name		
2.671	Priority creditor's name and mailing address Zavala, Priscilla 1225 West 8th Street Space 86 Corona, CA 92882	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.672	Priority creditor's name and mailing address Zbercea, Jessica 161 N. Dogwood St Orange, CA 92869	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.673	Priority creditor's name and mailing address Zelinski, Jessica 280 S. Highland Ave #G Placentia, CA 92870	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.674	Priority creditor's name and mailing address Zequiera, Noemy 7909 Stewart & Gray #17 Downey, CA 90241	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Former Employee	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation <small>Name</small>	Case number (if known)	8:24-bk-11945-TA
2.675	Priority creditor's name and mailing address Zhou, Ji 20855 Porter Ranch Rd Trabuco Canyon, CA 92679	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 Unknown
Date or dates debt was incurred		Basis for the claim: Employee - Notice only	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim
3.1	Nonpriority creditor's name and mailing address Allsize Self Storage 17357 Los Angeles St. Yorba Linda, CA 92886 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.2	Nonpriority creditor's name and mailing address Alyssa Tonelli DO 6031 Calle Mirador Yorba Linda, CA 92886 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$500.00
3.3	Nonpriority creditor's name and mailing address American Alarm Systems, Inc. P.O. Box 10520 Santa Ana, CA 92711 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$135.00
3.4	Nonpriority creditor's name and mailing address American Express P.O. Box 0001 Los Angeles, CA 90096-0001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$52,120.01
3.5	Nonpriority creditor's name and mailing address Anda, Inc. P.O. Box 748476 Atlanta, GA 30374-8476 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$406.45

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation Name	Case number (if known)	8:24-bk-11945-TA
3.6	Nonpriority creditor's name and mailing address Anthem Blue Cross Overpayment Rec. P.O. Box 73651 Cleveland, OH 44193-1177 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.7	Nonpriority creditor's name and mailing address Anthony G. Bledin, MD, Inc. 1851 Holser Walk Suite 220 Oxnard, CA 93036-2626 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,766.00
3.8	Nonpriority creditor's name and mailing address Aquatic Environments 1580 E. Edinger Ave Ste. B Santa Ana, CA 92705 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,200.00
3.9	Nonpriority creditor's name and mailing address ASD Healthcare - Amerisourcebergen P.O. Box 100741 Pasadena, CA 91189-0741 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$37,168.77
3.10	Nonpriority creditor's name and mailing address Associated Gastroenterology Medical c/o Brian Riff MD 1211 W. La Palma, Ste. 306 Anaheim, CA 92801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,568.88
3.11	Nonpriority creditor's name and mailing address AT&T PO Box 5019 Carol Stream, IL 60197-5019 Date(s) debt was incurred ____ Last 4 digits of account number <u>0220</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>internet (all locations)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,327.08
3.12	Nonpriority creditor's name and mailing address Azita Mesbah, M.D. 19391 De Vry Drive Irvine, CA 92603 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,000.00

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation Name	Case number (if known)	8:24-bk-11945-TA
3.13	Nonpriority creditor's name and mailing address Bandin, Homar 1171 Paseo Grande Corona, CA 92882 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000,000.00
3.14	Nonpriority creditor's name and mailing address Bankcard Center P.O. Box 4021 Alameda, CA 94501-0421 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.15	Nonpriority creditor's name and mailing address Bates Johnson Bldg, LTD 19742 MacArthur Blvd #240 Irvine, CA 92612 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$79,293.50
3.16	Nonpriority creditor's name and mailing address Bates Johnson Bldg., LTD - Chiron 1 19742 MacArthur Blvd. #240 Irvine, CA 92612 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.17	Nonpriority creditor's name and mailing address Bates Johnson Building LTD-105 19742 MacArthur Blvd. #240 Irvine, CA 92612 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.18	Nonpriority creditor's name and mailing address Bates Johnson Building, LTD - Chiro 19742 MacArthr Blvd. #240 Irvine, CA 92612 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.19	Nonpriority creditor's name and mailing address BBHealth Tech 5851 SW 97th Terrace Fort Lauderdale, FL 33328 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,500.00

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation Name	Case number (if known)	8:24-bk-11945-TA
3.20	Nonpriority creditor's name and mailing address Buchalter 1000 Wilshire Blvd. Ste. 1500 Los Angeles, CA 90017-1730 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$329,822.77
3.21	Nonpriority creditor's name and mailing address Caduceus Medical Group 18200 Yorba Linda Blvd. #111 Yorba Linda, CA 92886 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.22	Nonpriority creditor's name and mailing address Caduceus Physicians Medical Group 18200 Yorba Linda Blvd. Suite 111 Yorba Linda, CA 92886 Date(s) debt was incurred ____ Last 4 digits of account number <u>Shareholder Loans</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.23	Nonpriority creditor's name and mailing address Canon Financial Services 14904 Collections Center Dr. Chicago, IL 60693-0149 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,720.41
3.24	Nonpriority creditor's name and mailing address Canon Financial Services 15004 Collections Cetner Drive Chicago, IL 60693 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,441.92
3.25	Nonpriority creditor's name and mailing address CAPATA 28202 Cabot Rd. Ste. 525 Laguna Niguel, CA 92677 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,050.00
3.26	Nonpriority creditor's name and mailing address Charter Communications PO Box 60074 City of Industry, CA 91716 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>internet (main YL location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$101.24

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation Name	Case number (if known)	8:24-bk-11945-TA
3.27	Nonpriority creditor's name and mailing address Chiron 19742 MacArthur Blvd. Suite 125 Irvine, CA 92612 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$453.00
3.28	Nonpriority creditor's name and mailing address Cigna Healthcare Johnson & Roundtree P.O. Box 2625 Del Mar, CA 92014 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.29	Nonpriority creditor's name and mailing address City of Anaheim 201 S. Anaheim Blvd. P.O. Box 3069 Anaheim, CA 92803-3069 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$63.29
3.30	Nonpriority creditor's name and mailing address City of Yorba Linda - PDQ 4845 Casa Loma Ave. Yorba Linda, CA 92886 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.31	Nonpriority creditor's name and mailing address CLIA Laboratory Program P.O. Box 3056 Portland, OR 97207-0275 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$496.00
3.32	Nonpriority creditor's name and mailing address CNA Insurance P.O. Box 74007619 Chicago, IL 60674-7619 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.33	Nonpriority creditor's name and mailing address Complete Office P.O. Box 631935 Cincinnati, OH 45263-1935 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,412.04

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation Name	Case number (if known)	8:24-bk-11945-TA
3.34	Nonpriority creditor's name and mailing address Cooperative of American Physicians P.O. Box 511628 Los Angeles, CA 90051 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.35	Nonpriority creditor's name and mailing address COTIVITI P.O. Box 952366 Saint Louis, MO 63195-2366 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.36	Nonpriority creditor's name and mailing address Cross Country Locums P.O. Box 277185 Atlanta, GA 30384-7185 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,200.00
3.37	Nonpriority creditor's name and mailing address CyraCom International, Inc. P.O. Box 71012 Chicago, IL 60694-1012 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$148.52
3.38	Nonpriority creditor's name and mailing address David Flood, M.D. 4510 Alhambra Street San Diego, CA 92107-4019 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,205.67
3.39	Nonpriority creditor's name and mailing address DeliverHealth Solutions LLC - Nuanc Lockbox 1378 Carol Stream, IL 60132-1378 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$450.71
3.40	Nonpriority creditor's name and mailing address Dell Financial Services P.O. Box 6547 Carol Stream, IL 60197-6547 Date(s) debt was incurred ____ Last 4 digits of account number <u>9001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,355.00

Debtor Caduceus Physicians Medical Group, a Professional Medical Corporation		Case number (if known) 8:24-bk-11945-TA
Name		
3.41	Nonpriority creditor's name and mailing address Dennis Ponzio, M.D. 326 Whitestone Dr. Anaheim, CA 92807 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$198,913.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.42	Nonpriority creditor's name and mailing address Diagnostic Monitor Software P.O. Box 3109 Stateline, NV 89449 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$1,842.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.43	Nonpriority creditor's name and mailing address Docu-Trust 145 East Mill Street San Bernardino, CA 92408 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$142.40 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.44	Nonpriority creditor's name and mailing address Everbank NA P.O. Box 41046 Jacksonville, FL 32203 Date(s) debt was incurred ____ Last 4 digits of account number <u>7834</u>	As of the petition filing date, the claim is: Check all that apply. \$12,654.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.45	Nonpriority creditor's name and mailing address Everbank NA P.O. Box 41046 Jacksonville, FL 32203 Date(s) debt was incurred ____ Last 4 digits of account number <u>9174</u>	As of the petition filing date, the claim is: Check all that apply. \$14,349.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.46	Nonpriority creditor's name and mailing address Everbank NA P.O. Box 41046 Jacksonville, FL 32203 Date(s) debt was incurred ____ Last 4 digits of account number <u>8381</u>	As of the petition filing date, the claim is: Check all that apply. \$9,435.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.47	Nonpriority creditor's name and mailing address Everbank NA P.O. Box 41046 Jacksonville, FL 32203 Date(s) debt was incurred ____ Last 4 digits of account number <u>7238</u>	As of the petition filing date, the claim is: Check all that apply. \$29,597.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation Name	Case number (if known)	8:24-bk-11945-TA
3.48	Nonpriority creditor's name and mailing address Everbank NA P.O. Box 41046 Jacksonville, FL 32203 Date(s) debt was incurred ____ Last 4 digits of account number 5932	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.49	Nonpriority creditor's name and mailing address Experian Health, Inc. - Passport P.O. Box 846133 Los Angeles, CA 90084-6133 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$444.64
3.50	Nonpriority creditor's name and mailing address Felix Gaw, M.D., Inc. 2674 E. Vista Ridge Dr. Orange, CA 92867 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,292.50
3.51	Nonpriority creditor's name and mailing address Form MD 360 26691 Plaza Drive Suite 200 Mission Viejo, CA 92691 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,520.40
3.52	Nonpriority creditor's name and mailing address Franklin, Catherine 112 Abba Way Taylors, SC 29687 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
3.53	Nonpriority creditor's name and mailing address Gaitan, Raymond 1855 W. Katella Ave Suite 365 Orange, CA 92867 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,336.00
3.54	Nonpriority creditor's name and mailing address Gastrointestinal and Liver Con. 2621 S. Bristol Street #202 Santa Ana, CA 92704 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,173.19

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation Name	Case number (if known)	8:24-bk-11945-TA
3.55	Nonpriority creditor's name and mailing address Genzyme Biosurgery 62665 Collectoins Center Dr. Chicago, IL 60693-0626 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,568.54
3.56	Nonpriority creditor's name and mailing address Glenneyre LLC 327 Third Street Laguna Beach, CA 92651 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,975.00
3.57	Nonpriority creditor's name and mailing address Greenway Health P.O. Box 203658 Dallas, TX 75320-3658 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$400.00
3.58	Nonpriority creditor's name and mailing address Gregg DeNicola 7548 Angel View Terrace Orange, CA 92869 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.59	Nonpriority creditor's name and mailing address Grobstein Teeple LLP Howard Grobstein, CRO 23832 Rockfield Blvd., Ste 245 Lake Forest, CA 92630 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.60	Nonpriority creditor's name and mailing address Health Net of CA Refunds File #056527 Los Angeles, CA 90074-6527 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$756.18
3.61	Nonpriority creditor's name and mailing address Health Promotions Now 1270 Glen Ave. Moorestown, NJ 08057 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$339.41

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation Name	Case number (if known)	8:24-bk-11945-TA
3.62	Nonpriority creditor's name and mailing address HM Medical, Inc. 500 Superior Ave. #330 Newport Beach, CA 92663 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$400.00
3.63	Nonpriority creditor's name and mailing address HMS P.O. Box 952366 Saint Louis, MO 63195-2366 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$776.59
3.64	Nonpriority creditor's name and mailing address Hojjat, Houmeh 7 Morning View Irvine, CA 92603 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,000.00
3.65	Nonpriority creditor's name and mailing address Hologic Capital P.O. Box 825736 Philadelphia, PA 19182-5736 Date(s) debt was incurred ____ Last 4 digits of account number <u>3968</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,098.00
3.66	Nonpriority creditor's name and mailing address Humana Military TRICARE East Refund Underwritten Recoup P.O. Box 8967 Madison, WI 53708-8967 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.67	Nonpriority creditor's name and mailing address Indeed, Inc. Mail Code 5160 P.O. Box 660367 Dallas, TX 75266-0367 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,500.00
3.68	Nonpriority creditor's name and mailing address Iron Mountain Records Mgmt P.O. Box 601002 Pasadena, CA 91189-1002 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29,197.02

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation Name	Case number (if known)	8:24-bk-11945-TA
3.69	Nonpriority creditor's name and mailing address James L. Pearle, MD P.O. Box 157 Corona Del Mar, CA 92625 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,461.03
3.70	Nonpriority creditor's name and mailing address Kelvin Nguyen, DPM 10091 Northampton Ave. Westminster, CA 92683 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,280.67
3.71	Nonpriority creditor's name and mailing address Kristen yoo 3255 E. Phillips Ct. Brea, CA 92821 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.72	Nonpriority creditor's name and mailing address Laz Technologies 3410 La Sierra Ave Ste. F279 Riverside, CA 92503 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$44.99
3.73	Nonpriority creditor's name and mailing address Leslie Shokes, M.D. 2703 N. Bristol St. H-2 Santa Ana, CA 92706 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,830.92
3.74	Nonpriority creditor's name and mailing address Marcy Toner 7900 E. Woodsboro Ave Anaheim, CA 92807 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.75	Nonpriority creditor's name and mailing address Mark M. Chung MD 12393 Andy Street Cerritos, CA 90703 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,643.40

Debtor Caduceus Physicians Medical Group, a Professional Medical Corporation		Case number (if known) 8:24-bk-11945-TA
Name		
3.76	Nonpriority creditor's name and mailing address Martha Rodriguez 13318 Heather Lee St. Corona, CA 92880 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown
3.77	Nonpriority creditor's name and mailing address McKesson Medical Surgical P.O. Box 51020 Los Angeles, CA 90051-5320 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$28,702.02
3.78	Nonpriority creditor's name and mailing address Medico 2201 E. Carson St. Long Beach, CA 90807 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$199.97
3.79	Nonpriority creditor's name and mailing address Merck & Co., Inc. P.O. Box 94000 Palatine, IL 60094-4000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$36,890.05
3.80	Nonpriority creditor's name and mailing address Meritain Health 1405 Xenium Lane N. Ste 140 Minneapolis, MN 55441 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown
3.81	Nonpriority creditor's name and mailing address Michael Hall, M.D. 18200 Yorba Linda Blvd. #250 Yorba Linda, CA 92886 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$249,811.00
3.82	Nonpriority creditor's name and mailing address Mohammad E. Rassouli MD 24976 Hollyberry Lane Laguna Niguel, CA 92677 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation Name	Case number (if known)	8:24-bk-11945-TA
3.83	Nonpriority creditor's name and mailing address Mutual of Omaha Ins. P.O. Box 33061 Amarillo, TX 79120 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.84	Nonpriority creditor's name and mailing address Nextiva PO Box 207330 Dallas, TX 75320 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: telephone system (all locations) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.85	Nonpriority creditor's name and mailing address OBGYN Care Attn: #12500N P.O. Box 14000 Belfast, ME 04915 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$400.00
3.86	Nonpriority creditor's name and mailing address Office Ally P.O. Box 872020 Vancouver, WA 98687 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$359.55
3.87	Nonpriority creditor's name and mailing address Office Solutions 23303 La Palma Ave Yorba Linda, CA 92887 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32.11
3.88	Nonpriority creditor's name and mailing address Olesya Brissey MD 27 Millstone Irvine, CA 92606 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.89	Nonpriority creditor's name and mailing address Optum Care Network - Monarch Attn: Prop 56 Overpayment MS 03 11 Technology Drive Irvine, CA 92618 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation Name	Case number (if known)	8:24-bk-11945-TA
3.90	Nonpriority creditor's name and mailing address Orange Canyon Village c/o LP Realty, Inc. 9900 Culver Blvd, #1A Culver City, CA 90232 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,772.80
3.91	Nonpriority creditor's name and mailing address Paul Jordan MD 9024 Chastain Park Dr. Montgomery, AL 36117 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Cad Shares</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.92	Nonpriority creditor's name and mailing address Paul Jordan MD 9204 Chastain Park Dr. Montgomery, AL 36117 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>YLFP Shares</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,164.66
3.93	Nonpriority creditor's name and mailing address Paul Weinstein, MD 20450 Via Celestina Yorba Linda, CA 92887 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,000.00
3.94	Nonpriority creditor's name and mailing address Pfizer Inc. P.O. Box 417510 Boston, MA 02241-7510 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,011.52
3.95	Nonpriority creditor's name and mailing address Professional Billing Service of SC P.O. Box 1449 Brea, CA 92822-1449 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,400.00
3.96	Nonpriority creditor's name and mailing address Professional Communications Msg 105 Poplar Street Erie, PA 16507 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation Name	Case number (if known)	8:24-bk-11945-TA
3.97	Nonpriority creditor's name and mailing address Quadient Finance USA, Inc. P.O. Box 6813 Carol Stream, IL 60197-6813 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,253.01
3.98	Nonpriority creditor's name and mailing address Quadient Leasing USA, Inc. Dept. 3682 P.O. Box 123682 Dallas, TX 75312-3682 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$328.08
3.99	Nonpriority creditor's name and mailing address Radiation Detection Co. 3527 Snead Drive Georgetown, TX 78626 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$285.72
3.100	Nonpriority creditor's name and mailing address RADinfo Services 43676 Trade Center Place Sterling, VA 20166 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.101	Nonpriority creditor's name and mailing address Richard Wineland M.D. 220 Buena Vida Dr. Unit 202 Brea, CA 92823 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,513.05
3.102	Nonpriority creditor's name and mailing address Robert Borrowdale, MD 23 Rutherford Irvine, CA 92602 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.103	Nonpriority creditor's name and mailing address Romanov Group LLC c/o Vierergruppe Management Inc. 1932 E. Deere Ave., Ste. 150 Santa Ana, CA 92705 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Packing House Yorba Linda - New</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$650,528.74

Debtor		Caduceus Physicians Medical Group, a Professional Medical Corporation Name		Case number (if known)		8:24-bk-11945-TA	
3.104	Nonpriority creditor's name and mailing address	Romanov Group LLC c/o Vierergruppe Management Inc. 1932 E. Deere Ave., Ste. 150 Santa Ana, CA 92705 Date(s) debt was incurred ____ Last 4 digits of account number ____			As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Packing House Yorba Linda - PDQ</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Unknown
3.105	Nonpriority creditor's name and mailing address	Romanov Group LLC c/o Vierergruppe Management Inc. 1932 E. Deere Ave., Ste. 150 Santa Ana, CA 92705 Date(s) debt was incurred ____ Last 4 digits of account number ____			As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Packing House Yorba Linda LLC - 201</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Unknown
3.106	Nonpriority creditor's name and mailing address	Romanov Group LLC c/o Vierergruppe Management Inc. 1932 E. Deere Ave., Ste. 150 Santa Ana, CA 92705 Date(s) debt was incurred ____ Last 4 digits of account number ____			As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Packing House Yorba Linda LLC - BIM</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Unknown
3.107	Nonpriority creditor's name and mailing address	Romanov Group LLC c/o Vierergruppe Management Inc. 1932 E. Deere Ave., Ste. 150 Santa Ana, CA 92705 Date(s) debt was incurred ____ Last 4 digits of account number ____			As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Packing House Yorba Linda LLC - TI</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Unknown
3.108	Nonpriority creditor's name and mailing address	Rosendo Martin 203 S. Echo St. Anaheim, CA 92804 Date(s) debt was incurred ____ Last 4 digits of account number ____			As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Unknown
3.109	Nonpriority creditor's name and mailing address	Safe Balance 401 S. Old Woodward Ave. Ste. 308 Birmingham, MI 48009 Date(s) debt was incurred ____ Last 4 digits of account number ____			As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		\$29,295.00
3.110	Nonpriority creditor's name and mailing address	Sanofi Pasteur Inc. 12458 Collection Center Dr. Chicago, IL 60693 Date(s) debt was incurred ____ Last 4 digits of account number ____			As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		\$14,310.00

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation Name	Case number (if known)	8:24-bk-11945-TA
3.111	Nonpriority creditor's name and mailing address Southern Calif. Endocrine Med. Grp 1310 W. Stewart Drive Suite 215 Orange, CA 92868 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,700.00
3.112	Nonpriority creditor's name and mailing address Southern California Edison PO Box 600 Rosemead, CA 91771 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>electricity (PDQ YL and Laguna locations)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$985.96
3.113	Nonpriority creditor's name and mailing address Spectrum Gas Products 2381 E. Winston Rd. Anaheim, CA 92806 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,600.70
3.114	Nonpriority creditor's name and mailing address Sysmex America, Inc. 28241 Network Pl. Chicago, IL 60673-1282 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.115	Nonpriority creditor's name and mailing address Systems Print & Mail 2990 Airway Ave. Suite A Costa Mesa, CA 92626 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$608.79
3.116	Nonpriority creditor's name and mailing address TAB Answer Network P.O. Box 10440 Santa Ana, CA 92711 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$279.81
3.117	Nonpriority creditor's name and mailing address TechMD P.O. Box 5 Endicott, NY 13761 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28,362.49

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation Name	Case number (if known)	8:24-bk-11945-TA
3.118	Nonpriority creditor's name and mailing address Torrez Trucking, Inc. 190 E. Crowther Ave. Suite B Placentia, CA 92870 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,367.17
3.119	Nonpriority creditor's name and mailing address Veolia ES Tech Solutions LLC P.O. Box 102296 Pasadena, CA 91189-2296 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,980.14
3.120	Nonpriority creditor's name and mailing address Verizon P.O. Box 920041 Dallas, TX 75392-0041 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.121	Nonpriority creditor's name and mailing address Vierergruppe Management Inc. 1932 East Deere Ave Suite 150 Santa Ana, CA 92705 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>YL Property Manager</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$468,354.35
3.122	Nonpriority creditor's name and mailing address Weaver, Raymond 108 Grazie Irvine, CA 92602 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$39,616.00
3.123	Nonpriority creditor's name and mailing address Wei Wah Kwok, M.D. 150 Laguna Rd. Ste. A Fullerton, CA 92835 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,498.93
3.124	Nonpriority creditor's name and mailing address White Buffalo 333 9th Avenue Hopkins, MN 55343 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	Caduceus Physicians Medical Group, a Professional Medical Corporation Name	Case number (if known)	8:24-bk-11945-TA
3.125	Nonpriority creditor's name and mailing address Yvette Hatch 11012 Bent Tree Lane Santa Ana, CA 92705 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Hanna & Jarbo, PLC 33717 Woodward Avenue, Suite 560 Birmingham, MI 48009	Line 3.109 <input type="checkbox"/> Not listed. Explain ____	—
4.2	TechMD 111 Grant Avenue Suite 103 Endicott, NY 13760	Line 3.117 <input type="checkbox"/> Not listed. Explain ____	—

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 0.00
5b. +	\$ 3,578,488.76
5c.	\$ 3,578,488.76

Fill in this information to identify the case:

Debtor name **Caduceus Physicians Medical Group, a Professional Medical Corporation**

United States Bankruptcy Court for the: **CENTRAL DISTRICT OF CALIFORNIA**

Case number (if known) **8:24-bk-11945-TA**

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B). *Property*

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest **office lease**

State the term remaining **June 2027**

List the contract number of any government contract _____

**908 North Rexford Drive LP
9900 Culver Blvd
Suite 1A
Culver City, CA 90232**

2.2. State what the contract or lease is for and the nature of the debtor's interest **401k advisor contract**

State the term remaining **ongoing**

List the contract number of any government contract _____

**Accelerate Retirement
120 Vantis Dr
Suite 400
Aliso Viejo, CA 92656**

2.3. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining _____

List the contract number of any government contract _____

**Adger, Jules
800 Laguna Rd
Fullerton, CA 92835**

2.4. State what the contract or lease is for and the nature of the debtor's interest **PEO contract for payroll and benefits**

State the term remaining **annual auto renewal**

List the contract number of any government contract _____

**ADP TotalSource
10200 Sunset Drive
Miami, FL 33173**

Debtor 1 **Caduceus Physicians Medical Group, a Professional
Medical Corporation**
First Name Middle Name Last Name

Case number (if known) **8:24-bk-11945-TA**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5. State what the contract or lease is for and the nature of the debtor's interest **healthplan contract**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Aetna
21255 Burbank Blvd.
Suite 420
Woodland Hills, CA 91367**

2.6. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Ahlgren, Jeanette
3907 San Marcos Pl
Fullerton, CA 92835**

2.7. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Ahlgren, Terence
3907 San Marcos Place
Fullerton, CA 92835**

2.8. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Altshuler, Amy
6216 Saddletree Ln
Yorba Linda, CA 92886**

2.9. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Altshuler, Jeffrey
6216 Saddletree Lane
Yorba Linda, CA 92886**

Debtor 1 **Caduceus Physicians Medical Group, a Professional
Medical Corporation**
First Name Middle Name Last Name

Case number (if known) **8:24-bk-11945-TA**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.10. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Ambrosius, Brooke
17005 Walnut St
Yorba Linda, CA 92886**

2.11. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Anderson, Claron
1433 Bryce
Placentia, CA 92870**

2.12. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Anderson, Deborah
1433 Bryce Circle
Placentia, CA 92870**

2.13. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Anderson, Pamela
1433 Bryce Circle
Placentia, CA 92870**

2.14. State what the contract or lease is for and the nature of the debtor's interest **healthplan contract**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Anthem Blue Cross of California
P.O. Box 60007
Los Angeles, CA 90060**

Debtor 1 **Caduceus Physicians Medical Group, a Professional
Medical Corporation**
First Name Middle Name Last Name

Case number (if known) **8:24-bk-11945-TA**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.15. State what the contract or lease is for and the nature of the debtor's interest **specialist physician contract**

State the term remaining **ongoing**

List the contract number of any government contract

**Anthony G. Bledin, M.D., Inc.
1851 Holser Walk
Suite 220
Oxnard, CA 93036-2626**

2.16. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Anu, Penny
2192 Via Mariposa East
Unit G
Laguna Woods, CA 92637**

2.17. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Armbruster, Alan
249 Calliope
Laguna Beach, CA 92651**

2.18. State what the contract or lease is for and the nature of the debtor's interest **specialist physician contract**

State the term remaining **ongoing**

List the contract number of any government contract

**Assoc. Gastroenterology Med Grp
1211 W. LaPalma
Suite 306
Anaheim, CA 92801**

2.19. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Atha, Mary G.
17527 Cerro Vista Dr
Yorba Linda, CA 92886**

Debtor 1 **Caduceus Physicians Medical Group, a Professional
Medical Corporation**
First Name Middle Name Last Name

Case number (if known) **8:24-bk-11945-TA**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.20. State what the contract or lease is for and the nature of the debtor's interest **provider contract**

State the term remaining **ongoing**

List the contract number of any government contract

**Ayad, Azza
21700 Thistledown Cr
Yorba Linda, CA 92886**

2.21. State what the contract or lease is for and the nature of the debtor's interest **specialist physician contract**

State the term remaining **ongoing**

List the contract number of any government contract

**Azita Mesbah, M.D., Inc.
19391 De Vry Dr.
Irvine, CA 92603**

2.22. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Babcock, Sandra
741 Linden Ln
La Habra, CA 90631**

2.23. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Bastieri, Paige
2927 Cimmaron Lane
Fullerton, CA 92835**

2.24. State what the contract or lease is for and the nature of the debtor's interest **office lease**

State the term remaining **Dec 2026**

List the contract number of any government contract

**Bates Johnson Building LTD
19742 MacArthur Blvd
Suite 240
Irvine, CA 92715**

Debtor 1 **Caduceus Physicians Medical Group, a Professional
Medical Corporation**
First Name Middle Name Last Name

Case number (if known) **8:24-bk-11945-TA**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.25. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Beu, Brian
28825 Top of the World Drive
Laguna Beach, CA 92651**

2.26. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Bigonger, Samantha
5112 Eureka Ave
Yorba Linda, CA 92886**

2.27. State what the contract or lease is for and the nature of the debtor's interest **healthplan contract**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Blue Shield of California
P.O. Box 629017
El Dorado Hills, CA 95762-9017**

2.28. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Boing, Tjomme A.
18340 Yorba Linda
Ste 107-104
Yorba Linda, CA 92886-2569**

2.29. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Borges, Esther
435 Mountain Rd
Laguna Beach, CA 92651**

Debtor 1 **Caduceus Physicians Medical Group, a Professional
Medical Corporation**
First Name Middle Name Last Name

Case number (if known) **8:24-bk-11945-TA**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.30. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Borges, Michael
435 Mountain Road
Laguna Beach, CA 92651**

2.31. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Bowen, Mary
5152 Stone Canyon Ave
Yorba Linda, CA 92886**

2.32. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Brennan, Pamela A.
1138 E Little Dr
Placentia, CA 92870**

2.33. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Bright, Lynn
5300 E Honeywood
Anaheim, CA 92807**

2.34. State what the contract or lease is for and the nature of the debtor's interest **provider contract**

State the term remaining **Nov 2025**

List the contract number of any government contract

**Brissey, Olesya
27 Millstone
Irvine, CA 92606**

Debtor 1 **Caduceus Physicians Medical Group, a Professional
Medical Corporation**
First Name Middle Name Last Name

Case number (if known) **8:24-bk-11945-TA**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.35. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Brundahl, John R.
1143 Van Buren
Placentia, CA 92870**

2.36. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Bruton, Catherine
511 Lido Pl
Fullerton, CA 92835**

2.37. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Bruton, Kelly D.
511 Lido Pl
Fullerton, CA 92835**

2.38. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Bull, Catherine A.
1429 E Barkley Ave
Orange, CA 92867**

2.39. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Burton, Andrew
3911 Bryce CT
Chino, CA 91710**

Debtor 1 **Caduceus Physicians Medical Group, a Professional
Medical Corporation**
First Name Middle Name Last Name

Case number (if known) **8:24-bk-11945-TA**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.40. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Bye, Kathryn
1795 D Willow Woods Dr
Anaheim, CA 92807**

2.41. State what the contract or lease is for and the nature of the debtor's interest **healthplan contract**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Cal Optima
P.O. Box 11037
Orange, CA 92856**

2.42. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Calabrese, John W.
425 Blumont st
Laguna Beach, CA 92651**

2.43. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Calkins, Jeffrey S.
5918 CALLE CEDRO
Anaheim, CA 92807**

2.44. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Calkins, Katherine C.
5918 Calle Cedro
Anaheim, CA 92807**

Debtor 1 **Caduceus Physicians Medical Group, a Professional
Medical Corporation**
First Name Middle Name Last Name

Case number (if known) **8:24-bk-11945-TA**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.45. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Cannon, Danielle
3116 E Palm
Apt. 22
Fullerton, CA 92831**

2.46. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

Carelon

2.47. State what the contract or lease is for and the nature of the debtor's interest **independent physician association**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Carelon
12898 Towne Center Dr.
Cerritos, CA 90703**

2.48. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Cartwright, Kimberly A.
13881 Dawson St
Room 212
Garden Grove, CA 92843**

2.49. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Chien, Philip
20431 Via Celestina
Yorba Linda, CA 92887**

Debtor 1 **Caduceus Physicians Medical Group, a Professional
Medical Corporation**
First Name Middle Name Last Name

Case number (if known) **8:24-bk-11945-TA**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.50. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

CHOC

2.51. State what the contract or lease is for and the nature of the debtor's interest

independent physician association

State the term remaining

Less than 1 year

List the contract number of any government contract

**CHOC
1120 W. La Veta Ave.,
Suite 450
Orange, CA 92868**

2.52. State what the contract or lease is for and the nature of the debtor's interest

Club Caduceus membership

State the term remaining

Less than 1 year

List the contract number of any government contract

**Christolini, Ben
1563 Catalina Street
Laguna Beach, CA 92651**

2.53. State what the contract or lease is for and the nature of the debtor's interest

Club Caduceus membership

State the term remaining

Less than 1 year

List the contract number of any government contract

**Christolini, Douglas
1563 Catalina Street
Laguna Beach, CA 92651**

2.54. State what the contract or lease is for and the nature of the debtor's interest

Club Caduceus membership

State the term remaining

Less than 1 year

List the contract number of any government contract

**Christolini, Teresa
1563 Catalina
Laguna Beach, CA 92651**

Debtor 1 **Caduceus Physicians Medical Group, a Professional
Medical Corporation**
First Name Middle Name Last Name

Case number (if known) **8:24-bk-11945-TA**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.55. State what the contract or lease is for and the nature of the debtor's interest **healthplan contract**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Cigna
400 N. Brand Blvd.
Suite 300
Glendale, CA 91203**

2.56. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Clarke, Jonathan K.
25665 Triesta Way
Yorba Linda, CA 92887**

2.57. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Clarke, Lauren
25665 Triesta Way
Yorba Linda, CA 92887**

2.58. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Clarke, Romy E.
25665 Triesta Way
Yorba Linda, CA 92887**

2.59. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Coffey, Anne T.
236 Rio Grande Ave
Placentia, CA 92870**

Debtor 1 **Caduceus Physicians Medical Group, a Professional
Medical Corporation**
First Name Middle Name Last Name

Case number (if known) **8:24-bk-11945-TA**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.60. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Cohen, Henry
17961 Brynmar Ln
Villa Park, CA 92861**

2.61. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Coria, Jesse
1471 Morton Place
Los Angeles, CA 90026**

2.62. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Corwin, Linda
864 North Snow Goose
Orange, CA 92869**

2.63. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Crane, Donald S.
19702 Crestknoll Dr
Yorba Linda, CA 92886**

2.64. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Crawford, Yolanda
960 S Country Glen Way
Anaheim, CA 92808**

Debtor 1 **Caduceus Physicians Medical Group, a Professional
Medical Corporation**
First Name Middle Name Last Name

Case number (if known) **8:24-bk-11945-TA**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.65. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Daher, Michelle L.
16831 Aries Drive
Yorba Linda, CA 92886**

2.66. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Darnbrough, Paul
1725 Canard Ave
Placentia, CA 92870**

2.67. State what the contract or lease is for and the nature of the debtor's interest **specialist physician contract**

State the term remaining **ongoing**

List the contract number of any government contract

**David Flood M.D.
4510 Alhambra Street
San Diego, CA 92107-4019**

2.68. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Decker, James W.
238 San Tropez Ct
Laguna Beach, CA 92651**

2.69. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**DeCuffa, Kimberly
16556 Brass Lantern Drive
La Mirada, CA 90638-2702**

Debtor 1 **Caduceus Physicians Medical Group, a Professional
Medical Corporation**
First Name Middle Name Last Name

Case number (if known) **8:24-bk-11945-TA**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.70. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**DeCuffa, Raymond J.
16556 Brass Lantern Drive
La Mirada, CA 90638**

2.71. State what the contract or lease is for and the nature of the debtor's interest **equipment lease**

State the term remaining **Apr 2025**

List the contract number of any government contract

**Dell Computers
P.O. Box 6547
Carol Stream, IL 60197**

2.72. State what the contract or lease is for and the nature of the debtor's interest **provider contract**

State the term remaining **Sept 2025**

List the contract number of any government contract

**DeNicola, Nathaniel
7548 Angel View Terr
Orange, CA 92869**

2.73. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Dotson, Joni
3665 McKenzie Street
Riverside, CA 92503**

2.74. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Durflinger, John
20202 Poplar Bluff Ct
Yorba Linda, CA 92886-6820**

Debtor 1 **Caduceus Physicians Medical Group, a Professional
Medical Corporation**
First Name Middle Name Last Name

Case number (if known) **8:24-bk-11945-TA**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.75. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Ekman, Lisa
18735 Seabiscuit Run
Yorba Linda, CA 92886**

2.76. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Ekman, Tom
18735 Seabiscuit Run
Yorba Linda, CA 92886**

2.77. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Elizalde, Nancy C.
24040 Nicole Way
Yorba Linda, CA 92887**

2.78. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Elizarraras Svoboda, Myra R.
17853 Santiago Blvd 107-235
Villa Park, CA 92861**

2.79. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Estrada, Phillip A.
PO BOX 2050
190 Massive Rd
Lake Arrowhead, CA 92352**

Debtor 1 **Caduceus Physicians Medical Group, a Professional
Medical Corporation**
First Name Middle Name Last Name

Case number (if known) **8:24-bk-11945-TA**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.80. State what the contract or lease is for and the nature of the debtor's interest **equipment lease**

State the term remaining **Apr 2027**

List the contract number of any government contract

**Everbank
P.O. Box 41046
Jacksonville, FL 32203**

2.81. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Fairclough, Jessica M.
2581 Redrock Drive
Corona, CA 92882**

2.82. State what the contract or lease is for and the nature of the debtor's interest **specialist physician contract**

State the term remaining **ongoing**

List the contract number of any government contract

**Felix Gaw, M.D., Inc.
2674 E. Vista Ridge Dr.
Orange, CA 92867**

2.83. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Fischer, Judy
1604 Sherwood Village Circle
Placentia, CA 92870**

2.84. State what the contract or lease is for and the nature of the debtor's interest **specialist physician contract**

State the term remaining **ongoing**

List the contract number of any government contract

**Form MD 360
26691 Plaza
Suite 200
Mission Viejo, CA 92691**

Debtor 1 **Caduceus Physicians Medical Group, a Professional
Medical Corporation**
First Name Middle Name Last Name

Case number (if known) **8:24-bk-11945-TA**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.85. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Foster, Carolyn D.
5431 Jefferson St
Yorba Linda, CA 92886**

2.86. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Foster, Harold E.
5431 Jefferson St
Yorba Linda, CA 92886**

2.87. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Fratzke, Barbara
735 s paseo prado
Anaheim, CA 92807**

2.88. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Frederickson, Jonel A.
17861 Anna Marie Rd
Yorba Linda, CA 92886**

2.89. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Freeman, Peter C.
1070 MADISON PLACE
Laguna Beach, CA 92651-2805**

Debtor 1 **Caduceus Physicians Medical Group, a Professional
Medical Corporation**
First Name Middle Name Last Name

Case number (if known) **8:24-bk-11945-TA**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.90. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Friedowitz, Rhonda L.
5515 Camino Caluroso
Yorba Linda, CA 92887**

2.91. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Fuhrmann, Robert O.
7332 Avenida Juarez
Anaheim, CA 92808-1005**

2.92. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Galle, Natalie
1919 E. Birch Street
Apt. LL22
Brea, CA 92821**

2.93. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Garduna, Jesse
668 Bridgeport Circle
Fullerton, CA 92833**

2.94. State what the contract or lease is for and the nature of the debtor's interest **specialist physician contract**

State the term remaining **ongoing**

List the contract number of any government contract

**Gastrointestinal & Liver Cons.
2621 S. Bristol Street
Suite 200
Santa Ana, CA 92704**

Debtor 1 **Caduceus Physicians Medical Group, a Professional
Medical Corporation**
First Name Middle Name Last Name

Case number (if known) **8:24-bk-11945-TA**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.95. State what the contract or lease is for and the nature of the debtor's interest **office lease**

State the term remaining **month to month**

List the contract number of any government contract

**Glenneyre, LLC
3150 Bristol St
Suite 500
Costa Mesa, CA 92626**

2.96. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Gomez, Ashley
1281 N Walden Ln
Anaheim, CA 92807**

2.97. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Gomez, Aurora
1281 N Walden Lane
Anaheim, CA 92807**

2.98. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Gomez, Faron
1281 N Walden Lane
Anaheim, CA 92807**

2.99. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Gomez, Rodrigo
1281 N Walden Lane
Anaheim, CA 92807**

Debtor 1 **Caduceus Physicians Medical Group, a Professional
Medical Corporation**
First Name Middle Name Last Name

Case number (if known) **8:24-bk-11945-TA**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.100. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Gordon, Michael F.
21098 Carlos Rd
Yorba Linda, CA 92887**

2.101. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Gordon, Michele
21098 Carlos Road
Yorba Linda, CA 92887**

2.102. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Gotovac, Katie
5225 Minuet Lane
Anaheim, CA 92807**

2.103. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

GOV?

2.104. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Gravette, Michelle
3907 San Marcos Pl
Fullerton, CA 92835**

Debtor 1 **Caduceus Physicians Medical Group, a Professional
Medical Corporation**
First Name Middle Name Last Name

Case number (if known) **8:24-bk-11945-TA**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.105. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Grismer, Luann
826 N Carew Drive
Placentia, CA 92870**

2.106. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Grismer, Michael W.
826 N Carew Dr
Placentia, CA 92870**

2.107. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Guzzo, Azita
571 S Paseo de Luna
Anaheim, CA 92807**

2.108. State what the contract or lease is for and the nature of the debtor's interest **provider contract**

State the term remaining **Sep 2025**

List the contract number of any government contract

**Hall, Michael D
6355 Golden Gate Dr
Yorba Linda, CA 92886**

2.109. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Harms, Keith
17741 Weatherly Dr
Yorba Linda, CA 92886**

Debtor 1 **Caduceus Physicians Medical Group, a Professional
Medical Corporation**
First Name Middle Name Last Name

Case number (if known) **8:24-bk-11945-TA**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.110. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Harms, Nicolette
17741 Weatherly Dr
Yorba Linda, CA 92886**

2.111. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Hart, Steven W.
17005 Walnut St
Yorba Linda, CA 92886**

2.112. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Hause, Charles T.
2424 Berkshire Way
Placentia, CA 92870**

2.113. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Hause, Patricia
2424 Berkshire Way
Placentia, CA 92870**

2.114. State what the contract or lease is for and the nature of the debtor's interest **healthplan contract**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Health Net
P.O. Box 9040
Farmington, MO 63640**

Debtor 1 **Caduceus Physicians Medical Group, a Professional
Medical Corporation**
First Name Middle Name Last Name

Case number (if known) **8:24-bk-11945-TA**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.115. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

Health Plans

2.116. State what the contract or lease is for and the nature of the debtor's interest

independent physician association

State the term remaining

Less than 1 year

List the contract number of any government contract

**Healthsmart MSO Inc. fka UPI Well
5785 Corporate Ave.
Cypress, CA 90630**

2.117. State what the contract or lease is for and the nature of the debtor's interest

Club Caduceus membership

State the term remaining

Less than 1 year

List the contract number of any government contract

**Helm, Carmel
17042 Saga Drive
Yorba Linda, CA 92886**

2.118. State what the contract or lease is for and the nature of the debtor's interest

Club Caduceus membership

State the term remaining

Less than 1 year

List the contract number of any government contract

**Helm, Todd
17042 Saga Drive
Yorba Linda, CA 92886**

2.119. State what the contract or lease is for and the nature of the debtor's interest

Club Caduceus membership

State the term remaining

Less than 1 year

List the contract number of any government contract

**Henry, Michael
514 Comanche Drive
Placentia, CA 92870**

Debtor 1 **Caduceus Physicians Medical Group, a Professional
Medical Corporation**
First Name Middle Name Last Name

Case number (if known) **8:24-bk-11945-TA**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.120. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Henry, Tracy L.
514 Comanche Dr
Placentia, CA 92870-1529**

2.121. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Hernandez, Cindy
309 N Mountain View Pl
Unit 16
Fullerton, CA 92831**

2.122. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Hernandez, Crystal
631 W Commonwealth Ave
Apt B
Fullerton, CA 92832**

2.123. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Hoegler, Addison
19375 Shetland Lane
Yorba Linda, CA 92886**

2.124. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Hoegler, Buffy M.
17550 Monette Cir
Yorba Linda, CA 92886**

Debtor 1 **Caduceus Physicians Medical Group, a Professional
Medical Corporation**
First Name Middle Name Last Name

Case number (if known) **8:24-bk-11945-TA**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.125. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Hoegler, Rick
19375 Shetland Lane
Yorba Linda, CA 92886**

2.126. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Hoegler, Zachary
19375 Shetland Lane
Yorba Linda, CA 92886**

2.127. State what the contract or lease is for and the nature of the debtor's interest **equipment lease**

State the term remaining **Sep 2024**

List the contract number of any government contract

**Hologic Capital
P.O. Box 825736
Philadelphia, PA 19182**

2.128. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Honarkar, Pourn
831 Bluebird Canyon Ln
Laguna Beach, CA 92651**

2.129. State what the contract or lease is for and the nature of the debtor's interest **specialist physician contract**

State the term remaining **ongoing**

List the contract number of any government contract

**Houmehar Hojjat
7 Morning View
Irvine, CA 92603**

Debtor 1 **Caduceus Physicians Medical Group, a Professional
Medical Corporation**
First Name Middle Name Last Name

Case number (if known) **8:24-bk-11945-TA**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.130. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Hynes, Anthony
267 Crescent bay Dr.
Laguna Beach, CA 92651**

2.131. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Hynes, India
267 Crescent Bay Dr.
Laguna Beach, CA 92651**

2.132. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Jacob, Kenneth
P.O. Box 28503
Anaheim, CA 92809**

2.133. State what the contract or lease is for and the nature of the debtor's interest **specialist physician contract**

State the term remaining **ongoing**

List the contract number of any government contract

**James L. Pearle, MD
P.O., Box 157
Corona Del Mar, CA 92625**

2.134. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Jeffries, Karen E.
201 E Chapman Ave
Apt. 22C
Placentia, CA 92870**

Debtor 1 **Caduceus Physicians Medical Group, a Professional
Medical Corporation**
First Name Middle Name Last Name

Case number (if known) **8:24-bk-11945-TA**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.135. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Jenista, John T.
5949 Maycrest Ave
Corona, CA 92880**

2.136. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Jenista, John W.
5949 Maycrest Avenue
Corona, CA 92880**

2.137. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Jenista, Stacie M.
5949 Maycrest Ave
Eastvale, CA 92880**

2.138. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Johnson, Amanda K.
21596 Fernbrook
Mission Viejo, CA 92692**

2.139. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Johnson, Diane
21596 Fernbrook
Mission Viejo, CA 92692**

Debtor 1 **Caduceus Physicians Medical Group, a Professional
Medical Corporation**
First Name Middle Name Last Name

Case number (if known) **8:24-bk-11945-TA**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.140. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Johnson, Lawrence
21596 Fernbrook
Mission Viejo, CA 92692**

2.141. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Judd, George R.
725 San Juan Ln
Placentia, CA 92870**

2.142. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Judd, Lindi G.
725 San Juan Ln
Placentia, CA 92870**

2.143. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Kammeier, Mark
4096 Oceanview
Orange, CA 92865**

2.144. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Kanahele, Sandra R.
5591 Club View Drive
Yorba Linda, CA 92886**

Debtor 1 **Caduceus Physicians Medical Group, a Professional
Medical Corporation**
First Name Middle Name Last Name

Case number (if known) **8:24-bk-11945-TA**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.145. State what the contract or lease is for and the nature of the debtor's interest **specialist physician contract**

State the term remaining **ongoing**

List the contract number of any government contract

**Kelvin Nguyen, DPM
10091 Northampton Ave.
Westminster, CA 92683**

2.146. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Kempiak, Katherine E.
20021 Baywood Ct
Yorba Linda, CA 92886**

2.147. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Kempiak, Richard
20021 Baywood Ct
Yorba Linda, CA 92886**

2.148. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Kerns, Barry
17545 Cerro Vista
Yorba Linda, CA 92886**

2.149. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**King, Donna
7819 E Viewrim Dr
Anaheim, CA 92808**

Debtor 1 **Caduceus Physicians Medical Group, a Professional
Medical Corporation**
First Name Middle Name Last Name

Case number (if known) **8:24-bk-11945-TA**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.150. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Kober, Kiesha
15175 Palisade St
Chino Hills, CA 91709**

2.151. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Kober, Michael
15175 Palisade St
Chino Hills, CA 91709**

2.152. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Koch, Louise
19795 Futura Dr.
Yorba Linda, CA 92886**

2.153. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Koch, Steven
19795 Futura Dr
Yorba Linda, CA 92886**

2.154. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Koeller, John
5962 Sandra Dr
Yorba Linda, CA 92886**

Debtor 1 **Caduceus Physicians Medical Group, a Professional
Medical Corporation**
First Name Middle Name Last Name

Case number (if known) **8:24-bk-11945-TA**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.155. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Koeller, Sharon
5962 Sandra Drive
Yorba Linda, CA 92886**

2.156. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Kotoff, Kelly
17808 Antherium Dr
Chino Hills, CA 91709**

2.157. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Kretschmar, Nancy L.
21155 Via Alisa
Yorba Linda, CA 92887-2510**

2.158. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Kretschmar, Thomas M.
21155 Via Alisa
Yorba Linda, CA 92887**

2.159. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Lane, Terry L.
47 Egret Lane
Aliso Viejo, CA 92656**

Debtor 1 **Caduceus Physicians Medical Group, a Professional
Medical Corporation**
First Name Middle Name Last Name

Case number (if known) **8:24-bk-11945-TA**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.160. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Laurich, Jenny S.
5781 Kingsbriar Dr
Yorba Linda, CA 92886**

2.161. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Laurich, John
5781 Kingsbriar
Yorba Linda, CA 92886**

2.162. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Lausterer, Lori
26021 Blascos
Mission Viejo, CA 92691**

2.163. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Leahy, Marianne
19861 Villager Circle
Yorba Linda, CA 92886**

2.164. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Lee, Mary M.
1514 Shaver Way
Placentia, CA 92870-2905**

Debtor 1 **Caduceus Physicians Medical Group, a Professional
Medical Corporation**
First Name Middle Name Last Name

Case number (if known) **8:24-bk-11945-TA**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.165. State what the contract or lease is for and the nature of the debtor's interest **specialist physician contract**

State the term remaining **ongoing**

List the contract number of any government contract

**Leslie Shokes, M.D.,
2703 N. Bristol St.
H-2
Santa Ana, CA 92706**

2.166. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Letarte, Leo P.
2160 Via Mariposa E
Unit B
Laguna Woods, CA 92637**

2.167. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Letarte, Nancy E.
2160 Via Mariposa E
Unit B
Laguna Woods, CA 92637**

2.168. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Lewis, David
241 N Paseo Picaro
Anaheim, CA 92807**

2.169. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Lewis, Judith A.
875 Indian Head Ranch Road
1107
Borrego Springs, CA 92004**

Debtor 1 **Caduceus Physicians Medical Group, a Professional
Medical Corporation**
First Name Middle Name Last Name

Case number (if known) **8:24-bk-11945-TA**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.170. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Lindner, Cheryl C.
2357 N Bailey St
Orange, CA 92867**

2.171. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Lindner, Ella M.
2357 N Bailey St
Orange, CA 92867**

2.172. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Lindner, Jeffrey A.
2357 N Bailey St
Orange, CA 92867**

2.173. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Lindner, Jeffrey A.
2357 N. Bailey St
Orange, CA 92867**

2.174. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Ling, Carson
17741 Via Roma
Yorba Linda, CA 92886**

Debtor 1 **Caduceus Physicians Medical Group, a Professional
Medical Corporation**
First Name Middle Name Last Name

Case number (if known) **8:24-bk-11945-TA**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.175. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Ling, Julie
17741 Via Roma
Yorba Linda, CA 92886**

2.176. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Lopez, John
732 Tangerine Way
Fullerton, CA 92832**

2.177. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Lowe, Rosalie A.
909 N Ford Ave
Fullerton, CA 92832**

2.178. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Lowrance, Athalie D.
20232 Ave Puesta Del Sol
Yorba Linda, CA 92886**

2.179. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Lowrance, David
20232 Avenida Puesta Del Sol
Yorba Linda, CA 92886**

Debtor 1 **Caduceus Physicians Medical Group, a Professional
Medical Corporation**
First Name Middle Name Last Name

Case number (if known) **8:24-bk-11945-TA**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.180. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Lysik, Mary F.
6566 Woodburn Ln
Yorba Linda, CA 92886**

2.181. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Lysik, Michael
6566 Woodburn Lane
Yorba Linda, CA 92886**

2.182. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Magargee, Judith L.
17032 Rancho Lane
Yorba Linda, CA 92886**

2.183. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Magee, Melissa
7 La Paloma
Dana Point, CA 92629**

2.184. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Margol, James E.
21175 Via Mariano
Yorba Linda, CA 92887**

Debtor 1 **Caduceus Physicians Medical Group, a Professional
Medical Corporation**
First Name Middle Name Last Name

Case number (if known) **8:24-bk-11945-TA**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.185. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Margol, Kristen
21175 Via Mariano
#B
Yorba Linda, CA 92887-1818**

2.186. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Margol, Sharon M.
21175 Via Mariano
Yorba Linda, CA 92887**

2.187. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Mc kinnell, Kathy L.
1918 Clemens Drive
Placentia, CA 92870**

2.188. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Mckinnell, Robert
1918 Clemens Dr
Placentia, CA 92870**

2.189. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**McNamara, Barbara
6362 Glendale Dr
Yorba Linda, CA 92886**

Debtor 1 **Caduceus Physicians Medical Group, a Professional
Medical Corporation**
First Name Middle Name Last Name

Case number (if known) **8:24-bk-11945-TA**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.190. State what the contract or lease is for and the nature of the debtor's interest **healthplan contract**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Medi-Cal
P.O. Box 15700
Sacramento, CA 95852**

2.191. State what the contract or lease is for and the nature of the debtor's interest **healthplan contract**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Medicare
P.O. Box 6775
Fargo, ND 58108-6775**

2.192. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Meeker, Sherlene
32052 Sea Island Dr
Dana Point, CA 92629**

2.193. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Meeker, Thomas R.
32052 Sea Island Dr.
Monarch Beach, CA 92629**

2.194. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Mirahmadi, Hedieh
20345 Via Sanlucar
yorba linda, CA 92887**

Debtor 1 **Caduceus Physicians Medical Group, a Professional
Medical Corporation**
First Name Middle Name Last Name

Case number (if known) **8:24-bk-11945-TA**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.195. State what the contract or lease is for and the nature of the debtor's interest **specialist physician contract**

State the term remaining **ongoing**

List the contract number of any government contract

**Mohammad E. Rassouli MD
24976 Hollyberry Lane
Laguna Niguel, CA 92677**

2.196. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Mooney, Mark D.
8270 Ladyfern Ln
Anaheim, CA 92808**

2.197. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Moore, John
24385 Via Leonardo
Yorba Linda, CA 92887-4925**

2.198. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Moreno, Carlyn V.
4911 Van Buren St
Yorba Linda, CA 92886**

2.199. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Morines, Melanie
4865 Redfield Rd
Yorba Linda, CA 92886**

Debtor 1 **Caduceus Physicians Medical Group, a Professional
Medical Corporation**
First Name Middle Name Last Name

Case number (if known) **8:24-bk-11945-TA**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.200. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Moser, Jennifer
5374 E Cresthill Dr
Anaheim, CA 92807**

2.201. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Moshfegh, Deanna L.
4612 Briarhill Dr
Yorba Linda, CA 92886**

2.202. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Neiman, Denise
20436 VIA DON JUAN
Yorba Linda, CA 92886**

2.203. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Neligan, Amelie
6431 N Cornet Circle
Anaheim, CA 92807**

2.204. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Neligan, Esmee
6431 N Cornet Circle
Anaheim, CA 92807**

Debtor 1 **Caduceus Physicians Medical Group, a Professional
Medical Corporation**
First Name Middle Name Last Name

Case number (if known) **8:24-bk-11945-TA**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.205. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Neligan, Jacob
6431 N. Cornet Circle
Anaheim, CA 92807**

2.206. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Neligan, Kerry
6431 N Cornet Circle
Anaheim, CA 92807**

2.207. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Neligan, Richard
6431 N. Cornet Circle
Anaheim, CA 92807**

2.208. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Nieman, Donna
3224 Peppertree Point
Chino Hills, CA 91709**

2.209. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Ohanesian, Edward
502 Brady Circle
Placentia, CA 92870**

Debtor 1 **Caduceus Physicians Medical Group, a Professional
Medical Corporation**
First Name Middle Name Last Name

Case number (if known) **8:24-bk-11945-TA**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.210. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

Optum

2.211. State what the contract or lease is for and the nature of the debtor's interest

independent physician association

State the term remaining

Less than 1 year

List the contract number of any government contract

**Optum
11 Technology Dr.
Irvine, CA 92618**

2.212. State what the contract or lease is for and the nature of the debtor's interest

Club Caduceus membership

State the term remaining

Less than 1 year

List the contract number of any government contract

**Ordorica, Eduardo
4216 Camphor Avenue
Yorba Linda, CA 92886**

2.213. State what the contract or lease is for and the nature of the debtor's interest

Club Caduceus membership

State the term remaining

Less than 1 year

List the contract number of any government contract

**Orgill, Michael G.
31355 PARDELLA LANE
Laguna Niguel, CA 92677**

2.214. State what the contract or lease is for and the nature of the debtor's interest

Club Caduceus membership

State the term remaining

Less than 1 year

List the contract number of any government contract

**Ortega, Jacob
2031 N. Derek Dr. 146
Fullerton, CA 92831**

Debtor 1 **Caduceus Physicians Medical Group, a Professional
Medical Corporation**
First Name Middle Name Last Name

Case number (if known) **8:24-bk-11945-TA**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.215. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Osajima, Yasuo Ron
5025 Via Lucia
Yorba Linda, CA 92886**

2.216. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Osuna, Dolores T.
795 S Goldfinch Way
Anaheim Hills, CA 92807**

2.217. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Osuna, Felix
795 S Goldfinch Way
Anaheim, CA 92807**

2.218. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Oviedo, James
4800 Tanglewood Ave
Anaheim, CA 92807**

2.219. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Patel, Rajendra
17184 Black Walnut Court
Yorba Linda, CA 92886**

Debtor 1 **Caduceus Physicians Medical Group, a Professional
Medical Corporation**
First Name Middle Name Last Name

Case number (if known) **8:24-bk-11945-TA**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.220. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Patel, Rita
13600 Canyon Crest Way
Corona, CA 92880-0300**

2.221. State what the contract or lease is for and the nature of the debtor's interest **specialist physician contract**

State the term remaining **ongoing**

List the contract number of any government contract

**Paul Weinstein, MD
20450 Via Celestina
Yorba Linda, CA 92887**

2.222. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Pavlak, Stephanie
1817 2nd St
Apt 22
Duarte, CA 91010**

2.223. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Pavlak, Victoria A.
1123 E 4th Street
Ontario, CA 91764**

2.224. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Payne, Carolyn
386 S Cameo Way
Brea, CA 92823**

Debtor 1 **Caduceus Physicians Medical Group, a Professional
Medical Corporation**
First Name Middle Name Last Name

Case number (if known) **8:24-bk-11945-TA**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.225. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Payne, Douglas
386 Cameo Way
Brea, CA 92823**

2.226. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Petruk, Tom J.
5605 Via De Campo
Yorba Linda, CA 92887**

2.227. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Phillips, Andrew
6612 Kameha Circle
Yorba Linda, CA 92886**

2.228. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Phillips, Edmund
5565 Vista Del Mar
Yorba Linda, CA 92887**

2.229. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Phillips, Laura
6612 Kameha Circle
Yorba Linda, CA 92886**

Debtor 1 **Caduceus Physicians Medical Group, a Professional
Medical Corporation**
First Name Middle Name Last Name

Case number (if known) **8:24-bk-11945-TA**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.230. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Phillips, Vicki S.
5565 Vista Del Mar
Yorba Linda, CA 92887**

2.231. State what the contract or lease is for and the nature of the debtor's interest **provider contract**

State the term remaining **Sept 2025**

List the contract number of any government contract

**Ponzio, Dennis
326 S Whitestone Dr
Anaheim, CA 92807**

2.232. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

Prospect

2.233. State what the contract or lease is for and the nature of the debtor's interest **independent physician association**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Prospect Medical Group
600 City Parkway West
Suite 1000
Orange, CA 92868**

2.234. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Radford, Denise
18551 Minuet Ln
Anaheim, CA 92807**

Debtor 1 **Caduceus Physicians Medical Group, a Professional
Medical Corporation**
First Name Middle Name Last Name

Case number (if known) **8:24-bk-11945-TA**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.235. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Ray, Artie
18553 White Oak Dr
Yorba Linda, CA 92886-5355**

2.236. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Ray, Cathy
18553 White Oak Dr
Yorba Linda, CA 92886**

2.237. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Reilly, Dwight
1536 E Commonwealth Ave
Fullerton, CA 92831**

2.238. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Reilly, Jennifer
1536 E Commonwealth Ave
Apt Q101
Fullerton, CA 92831**

2.239. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Reilly, LaVon
1536 E Commonwealth Ave
Fullerton, CA 92831**

Debtor 1 **Caduceus Physicians Medical Group, a Professional
Medical Corporation**
First Name Middle Name Last Name

Case number (if known) **8:24-bk-11945-TA**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.240. State what the contract or lease is for and the nature of the debtor's interest **specialist physician contract**

State the term remaining **ongoing**

List the contract number of any government contract

**Richard Wineland M.D.
220 Buena Vida Dr.
Unit 202
Brea, CA 92823**

2.241. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining

List the contract number of any government contract

**Rinehart, Sheila M.
430 W Patwood Dr
La Habra, CA 90631**

2.242. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Rinehart, Thomas
430 W Patwood Dr
La Habra, CA 90631**

2.243. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Ritchie, Hayden
17761 Weatherly Dr
Yorba Linda, CA 92886**

2.244. State what the contract or lease is for and the nature of the debtor's interest **specialist physician contract**

State the term remaining **ongoing**

List the contract number of any government contract

**Robert Borrowdale, M.D.
23 Rutherford
Irvine, CA 92602**

Debtor 1 **Caduceus Physicians Medical Group, a Professional
Medical Corporation**
First Name Middle Name Last Name

Case number (if known) **8:24-bk-11945-TA**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.245. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Roberts, Linda
1785 Palm Drive
Laguna Beach, CA 92651**

2.246. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Roche, Dean
841 Mesa View St
Upland, CA 91784**

2.247. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Rodriguez, Martha C.
13318 Heather Lee Street
Corona, CA 92880**

2.248. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Rodriguez, Vanessa
13318 Heather Lee Street
Corona, CA 92880**

2.249. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Rogers, James P.
15338 Cinnabar Ct
Chino Hills, CA 91709**

Debtor 1 **Caduceus Physicians Medical Group, a Professional
Medical Corporation**
First Name Middle Name Last Name

Case number (if known) **8:24-bk-11945-TA**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.250. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Rogers, Merry T.
15338 Cinnabar
Chino Hills, CA 91709**

2.251. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Rohrs, Kimberly
307 N Singingwood Unit 9
Apt I
Orange, CA 92869**

2.252. State what the contract or lease is for and the nature of the debtor's interest **office lease**

State the term remaining **Feb 2028**

List the contract number of any government contract

**Romanov Group LLC
520 Newport Center Drive
Suite 480
Newport Beach, CA 92660**

2.253. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Rose, Jennie C.
4901 Casa Oro Dr
Yorba Linda, CA 92886**

2.254. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Rose, Randal D.
4901 Casa Oro Drive
Yorba Linda, CA 92886**

Debtor 1 **Caduceus Physicians Medical Group, a Professional
Medical Corporation**
First Name Middle Name Last Name

Case number (if known) **8:24-bk-11945-TA**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.255. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Rosen, Mitchell I.
21240 Trail Ridge
Yorba Linda, CA 92886**

2.256. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Rosendahl, Nik
4131 Rosada ct
Yorba Linda, CA 92886**

2.257. State what the contract or lease is for and the nature of the debtor's interest **provider contract**

State the term remaining **Oct 2025**

List the contract number of any government contract

**Sathyaprakash, Smitha
27 Gladstone
Irvine, CA 92606**

2.258. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Saunders, Kyle
6191 HICKORY DR
Yorba Linda, CA 92887**

2.259. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Scheffel, Linda
1130 Sheppard Dr.
Fullerton, CA 92831**

Debtor 1 **Caduceus Physicians Medical Group, a Professional
Medical Corporation**
First Name Middle Name Last Name

Case number (if known) **8:24-bk-11945-TA**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.260. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Schrier, Wayne
1801 E Katella Ave
Apt. 4138
Anaheim, CA 92805**

2.261. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Schroeder, Norman
PO Box 2132
Yorba Linda, CA 92885**

2.262. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Schroeder, Virginia
Po Box 2132
Yorba Linda, CA 92885**

2.263. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Scifres, Mary
28825 Top of the World Drive
Laguna Beach, CA 92651**

2.264. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Scott, Bradley
5545 Via Perla
Yorba Linda, CA 92887-2470**

Debtor 1 **Caduceus Physicians Medical Group, a Professional
Medical Corporation**
First Name Middle Name Last Name

Case number (if known) **8:24-bk-11945-TA**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.265. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Scott, Deborah K.
5375 E Suncrest Rd
Anaheim, CA 92807**

2.266. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Scott, Roxanne
5545 VIA PERLA
Yorba Linda, CA 92887-2470**

2.267. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Shah, Pradip
6542 E Northview Dr
Anaheim, CA 92807**

2.268. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Shellhorn, Pamela E.
17032 La Kenice Way
Yorba Linda, CA 92886**

2.269. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Shellhorn, Robert C.
17032 La Kenice Way
Yorba Linda, CA 92886**

Debtor 1 **Caduceus Physicians Medical Group, a Professional
Medical Corporation**
First Name Middle Name Last Name

Case number (if known) **8:24-bk-11945-TA**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.270. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Sherwood, Jeffrey
165 Shorecliff Rd
Corona Del Mar, CA 92625**

2.271. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Simmons, Brittany
17995 Via Buena Vida
Yorba Linda, CA 92886**

2.272. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Sink, Jan
22345 Mission Hills Lane
Yorba Linda, CA 92887**

2.273. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Smith, RebeccaLee
1228 S Country Glen Way
Anaheim, CA 92808**

2.274. State what the contract or lease is for and the nature of the debtor's interest **provider contract**

State the term remaining **Jun 2025**

List the contract number of any government contract

**Sobral, Carlos
10291 Via Corta
Villa Park, CA 92861**

Debtor 1 **Caduceus Physicians Medical Group, a Professional
Medical Corporation**
First Name Middle Name Last Name

Case number (if known) **8:24-bk-11945-TA**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.275. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Soteres, William
16651 Orange Drive
Yorba Linda, CA 92886-2018**

2.276. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Sowersby, Gary T.
1937 Saddle Drive
Placentia, CA 92870**

2.277. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Sperling, Craig
1709 Kanola Rd
La Habra Heights, CA 90631**

2.278. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Sperling, Howard
2022 Via Mariposa East
Unit D
Laguna Woods, CA 92637**

2.279. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Stanford, Robert j.
1260 Vina Del Mar Ave
Placentia, CA 92870**

Debtor 1 **Caduceus Physicians Medical Group, a Professional
Medical Corporation**
First Name Middle Name Last Name

Case number (if known) **8:24-bk-11945-TA**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.280. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Stanford, Theresa
1260 Vina Del Mar Ave
Placentia, CA 92870**

2.281. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Stitt, Dawn M.
60 Riviera Street
Lehigh Acres, FL 33936**

2.282. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Stone, Bonnie
4712 E Maychelle Dr.
Anaheim, CA 92807**

2.283. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Svoboda, Jacob M.
17853 Santiago Blvd
107-235
Villa Park, CA 92861**

2.284. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Szczablowski, Thomas J.
17351 Glasgow Circle
Yorba Linda, CA 92886**

Debtor 1 **Caduceus Physicians Medical Group, a Professional
Medical Corporation**
First Name Middle Name Last Name

Case number (if known) **8:24-bk-11945-TA**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.285. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Talwar, Gaurav
9627 Loma Street
Villa Park, CA 92861**

2.286. State what the contract or lease is for and the nature of the debtor's interest **provider contract**

State the term remaining **Apr 2026**

List the contract number of any government contract

**Tareen, Naureen
831 West Las Palmas Drive
Fullerton, CA 92835**

2.287. State what the contract or lease is for and the nature of the debtor's interest **provider contract**

State the term remaining **Feb 26**

List the contract number of any government contract

**Tareen, Serene
1259 Providence Loop
Placentia, CA 92870**

2.288. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Theobald, Glenn
3106 Briarwood Ct
Fullerton, CA 92835**

2.289. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Theobald, Martha
3106 Briarwood Ct
Fullerton, CA 92835**

Debtor 1 **Caduceus Physicians Medical Group, a Professional
Medical Corporation**
First Name Middle Name Last Name

Case number (if known) **8:24-bk-11945-TA**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.290. State what the contract or lease is for and the nature of the debtor's interest **equipment lease**

State the term remaining **Jul 2025**

List the contract number of any government contract

**TIAA
P.O. Box 41046
Jacksonville, FL 32203**

2.291. State what the contract or lease is for and the nature of the debtor's interest **equipment lease**

State the term remaining **Jul 2025**

List the contract number of any government contract

**TIAA
P.O. Box 41046
Jacksonville, FL 32203**

2.292. State what the contract or lease is for and the nature of the debtor's interest **equipment lease**

State the term remaining **Jun 2024**

List the contract number of any government contract

**TIAA/Everbank
P.O. Box 41046
Jacksonville, FL 32203**

2.293. State what the contract or lease is for and the nature of the debtor's interest **equipment lease**

State the term remaining **Oct 2025**

List the contract number of any government contract

**TIAA/Everbank
P.O. Box 41046
Jacksonville, FL 32203**

2.294. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Titolo, Marie
2518 Encina Way
Laguna Beach, CA 92651**

Debtor 1 **Caduceus Physicians Medical Group, a Professional
Medical Corporation**
First Name Middle Name Last Name

Case number (if known) **8:24-bk-11945-TA**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.295. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Toner, Armando Jose
7900 E Woodsboro Ave
Anaheim, CA 92807**

2.296. State what the contract or lease is for and the nature of the debtor's interest **healthplan contract**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Tricare
P.O. Box 202112
Florence, SC 29502**

2.297. State what the contract or lease is for and the nature of the debtor's interest **healthplan contract**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**United Healthcare
5701 Katella Ave.
Cypress, CA 90630**

2.298. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

UPI Wellcare

2.299. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**VanArsdale, Bruce
951 S Beach Blvd , J2082
La Habra, CA 90631**

Debtor 1 **Caduceus Physicians Medical Group, a Professional
Medical Corporation**
First Name Middle Name Last Name

Case number (if known) **8:24-bk-11945-TA**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.300. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**VanArsdale, Cynthia
951 S. Beach Blvd
Unit J2082
La Habra, CA 90631**

2.301. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Vineyard, Cindy A.
2231 Lochness Circle
Corona, CA 92881**

2.302. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Walker, Richard T.
5721 Blue Mist
Chino Hills, CA 91709**

2.303. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Warner, Minna
420 La Crescenta Drive Unit 417
Brea, CA 92823**

2.304. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Watanabe, BJ - Betti Jane F.
5025 Via Lucia
Yorba Linda, CA 92886**

Debtor 1 **Caduceus Physicians Medical Group, a Professional
Medical Corporation**
First Name Middle Name Last Name

Case number (if known) **8:24-bk-11945-TA**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.305. State what the contract or lease is for and the nature of the debtor's interest **specialist physician contract**

State the term remaining **ongoing**

List the contract number of any government contract

**Wei Wah Kwok, M.D.
150 Laguna Rd.
Suite A
Fullerton, CA 92835**

2.306. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Weisman, Diane
4731 E Fairfield St
Anaheim, CA 92807**

2.307. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Weisman, Wayne
4731 E Fairfield St
Anaheim, CA 92807**

2.308. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Welch, Susan
1930 Kilmer Dr
Placentia, CA 92870**

2.309. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Wells, Bruce
226 Kauai Lane
Placentia, CA 92870**

Debtor 1 **Caduceus Physicians Medical Group, a Professional
Medical Corporation**
First Name Middle Name Last Name

Case number (if known) **8:24-bk-11945-TA**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.310. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Wells, Marianne W.
508 Tahoe
Placentia, CA 92870**

2.311. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Whitmire, Kendra
641 VISTA BONITA
NEWPORT BEACH, CA 92660**

2.312. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Wright, Pam
22609 La Palma Ave
Unit 201
Yorba Linda, CA 92887**

2.313. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Yakstas, John
4815 Via Del Buey
Yorba Linda, CA 92886**

2.314. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Young, James
25552 Aragon Way
Yorba Linda, CA 92887**

Debtor 1 **Caduceus Physicians Medical Group, a Professional
Medical Corporation**
First Name Middle Name Last Name

Case number (if known) **8:24-bk-11945-TA**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.315. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining **Less than 1 year**

List the contract number of any government contract

**Young, Leah
25552 Aragon Way
Yorba Linda, CA 92887**

2.316. State what the contract or lease is for and the nature of the debtor's interest **Club Caduceus membership**

State the term remaining

List the contract number of any government contract

**Zalatan, Susan
3830 Avenida Del Presidente
24
San Clemente, CA 92672**

Fill in this information to identify the case:

Debtor name **Caduceus Physicians Medical Group, a Professional Medical Corporation**

United States Bankruptcy Court for the: **CENTRAL DISTRICT OF CALIFORNIA**

Case number (if known) **8:24-bk-11945-TA**

☐ Check if this is an amended filing

Official Form 206H

Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.

☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name

Mailing Address

Name

Check all schedules that apply:

2.1 **Gregg DeNicola**
7548 E. Angel View
Orange, CA 92869

BMO Bank NA

☒ D **2.3**
☐ E/F _____
☐ G _____

2.2 **Gregg DeNicola**
7548 E. Angel View
Orange, CA 92869

LendSpark Corporation

☒ D **2.13**
☐ E/F _____
☐ G _____

2.3 **Gregg DeNicola**
7548 E. Angel View
Orange, CA 92869

Backd

☒ D **2.1**
☐ E/F _____
☐ G _____

Fill in this information to identify the case:

Debtor name Caduceus Physicians Medical Group, a Professional Medical Corporation

United States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA

Case number (if known) 8:24-bk-11945-TA

☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/22

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

☐ None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

From the beginning of the fiscal year to filing date:
From 1/01/2024 to **Filing Date**

Sources of revenue
Check all that apply

☒ Operating a business
☐ Other _____

Gross revenue
(before deductions and exclusions)

\$9,412,233.00

For prior year:
From 1/01/2023 to 12/31/2023

☒ Operating a business
☐ Other _____

\$19,834,649.00

For year before that:
From 1/01/2022 to 12/31/2022

☒ Operating a business
☐ Other _____

\$20,022,266.00

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer
Check all that apply

Debtor **Caduceus Physicians Medical Group, a Professional
Medical Corporation**Case number (if known) **8:24-bk-11945-TA**

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. Romanov Group LLC c/o Vierergruppe Management Inc. 1932 E. Deere Ave., Ste. 150 Santa Ana, CA 92705	Approximate ly May 3, 2024	\$197,683.74	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Rent</u>
3.2. Grobstein Teeple LLP 23832 Rockfield Blvd. Suite 245 Lake Forest, CA 92630	Approximate ly May 3, 2024	\$110,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Professional Fees</u>
3.3. Cooperative of American Physicians, Inc. P.O. Box 511628 Los Angeles, CA 90051	Approximate ly May 3, 2024	\$83,588.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Malpractice insurance</u>
3.4. Marshack Hays Wood LLP 870 Roosevelt Irvine, CA 92602	Approximate ly May 3, 2024	\$83,476.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Professional fees</u>
3.5. Greenway Health P.O. Box 203658 Dallas, TX 75320-3658	Approximate ly May 3, 2024	\$7,591.89	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other
3.6. Koinonia Medical Management 7548 E. Angel View Orange, CA 92869	Approximate ly May 3, 2024	\$74,250.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Consulting</u>
3.7. American Express P.O. Box 0001 Los Angeles, CA 90086	Approximate ly May 3, 2024	\$25,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other
3.8. Glenneyre LLC 327 Third Street Laguna Beach, CA 92651	Approximate ly May 3, 2024	\$23,950.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Rent</u>

Debtor **Caduceus Physicians Medical Group, a Professional
Medical Corporation**

Case number (if known) **8:24-bk-11945-TA**

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.9. Mohammad E. Rassouli MD 24976 Hollyberry Lane Laguna Niguel, CA 92677	Approximate ly May 3, 2024	\$23,182.26	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Contractor</u>
3.10 Nextiva PO Box 207330 Dallas, TX 75320	Approximate ly May 3, 2024	\$22,933.14	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____
3.11 Homar Bandin 1171 Paseo Grande Corona, CA 92882	Approximate ly May 3, 2024	\$22,500.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Loan repayment</u>
3.12 Gastrointestinal and Liver Con. 2621 S. Bristol Street #202 Santa Ana, CA 92704	Approximate ly May 3, 2024	\$22,189.01	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Contractor</u>
3.13 Robert Borrowdale, MD 23 Rutherford Irvine, CA 92602	Approximate ly May 3, 2024	\$21,362.24	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Contractor</u>
3.14 Intac Advisory P.O. Box 190 Vicksburg, MI 49097	Approximate ly May 3, 2024	\$20,520.10	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>D&O</u>
3.15 Houmehar Hojjat, MD 7 Morning View Irvine, CA 92603	Approximate ly May 3, 2024	\$20,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Contractor</u>
3.16 Paul Weinstein, MD 20450 Via Celestina Yorba Linda, CA 92887	Approximate ly May 3, 2024	\$20,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Contractor</u>

Debtor **Caduceus Physicians Medical Group, a Professional
Medical Corporation**

Case number (if known) **8:24-bk-11945-TA**

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.17 Romanov Group LLC c/o Vierergruppe Management Inc. 1932 E. Deere Ave., Ste. 150 Santa Ana, CA 92705	Approximate ly May 3, 2024	\$38,479.65	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Rent</u>
3.18 Form MD 360 26691 Plaza Drive Suite 200 Mission Viejo, CA 92691	Approximate ly May 3, 2024	\$15,638.25	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Contractor</u>
3.19 Kelvin Nguyen, DPM 10091 Northampton Ave. Westminster, CA 92683	Approximate ly May 3, 2024	\$13,804.18	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Contractor</u>
3.20 TechMD P.O. Box 5 NY 13791	Approximate ly May 3, 2024	\$13,613.27	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____
3.21 Gregg DeNicola 7548 Angel View Terrace Orange, CA 92869	Approximate ly May 3, 2024	\$13,135.12	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Consulting</u>
3.22 Bates Johnson Bldg, LTD 19742 MacArthur Blvd #240 Irvine, CA 92612	Approximate ly May 3, 2024	\$12,038.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Rent</u>
3.23 Smart & Final Stores, LLC 600 Citadel Drive 4th Floor Los Angeles, CA 90040	Approximate ly May 3, 2024	\$12,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Rent</u>
3.24 Orange Canyon Village c/o LP Realty, Inc. 9900 Culver Blvd, #1A Culver City, CA 90232	Approximate ly May 3, 2024	\$11,772.80	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Rent</u>

Debtor **Caduceus Physicians Medical Group, a Professional
Medical Corporation**

Case number (if known) **8:24-bk-11945-TA**

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.25 TheraCom, a Caremark Company P.O. Box 640105 Cincinnati, OH 45264-0105	Approximate ly May 3, 2024	\$11,331.50	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.26 CAPATA 28202 Cabot Rd. Ste. 525 Laguna Niguel, CA 92677	Approximate ly May 3, 2024	\$11,043.75	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Professional fees</u>
3.27 David Flood, M.D. 4510 Alhambra Street San Diego, CA 92107-4019	Approximate ly May 3, 2024	\$10,002.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Contractor</u>
3.28 Caduceus Medical Services LLC 18200 Yorba Linda Suite 111 Yorba Linda, CA 92886	Approximate ly May 3, 2024	\$10,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Management company</u>
3.29 AT&T PO Box 5019 Carol Stream, IL 60197-5019	Approximate ly May 3, 2024	\$9,798.06	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.30 Iron Mountain Records Mgmt P.O. Box 601002 Pasadena, CA 91189-1002	Approximate ly May 3, 2024	\$9,443.03	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.31 Pfizer Inc. P.O. Box 417510 Boston, MA 02241-7510	Approximate ly May 3, 2024	\$8,873.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.32 Merck & Co., Inc. P.O. Box 94000 Palatine, IL 60094-4000	Approximate ly May 3, 2024	\$8,252.46	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___

Debtor **Caduceus Physicians Medical Group, a Professional
Medical Corporation**Case number (if known) **8:24-bk-11945-TA**

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer Check all that apply
3.33 McKesson Medical Surgical P.O. Box 51020 Los Angeles, CA 90051-5320	Approximate ly May 3, 2024	\$8,172.09	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. See Attached Chart		\$0.00	

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
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6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. BMO Harris Bank N.A. 30-3023-01320664-CU-BC-NJC	Breach of Promissory Note, Commercial Guarantees, Money Lent	Orange County Superior Court 1275 North Berkley Avenue Fullerton, CA 92832	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

Insider's name	Insider's mailing address	Relationship to debtor	Date of Payment/Transfer	Amount of Payment/Transfer	Reasons for payment or transfer
Michael Hall	6355 Golden Gate Dr, Yorba Linda, CA 92886	shareholder	09/01/2023	2,833.33	note interest
Michael Hall	6355 Golden Gate Dr, Yorba Linda, CA 92886	shareholder	10/03/2023	2,833.33	note interest
Michael Hall	6355 Golden Gate Dr, Yorba Linda, CA 92886	shareholder	11/02/2023	2,833.33	note interest
Michael Hall	6355 Golden Gate Dr, Yorba Linda, CA 92886	shareholder	12/04/2023	2,833.33	note interest
Michael Hall	6355 Golden Gate Dr, Yorba Linda, CA 92886	shareholder	01/05/2024	1,950.00	note interest
Michael Hall	6355 Golden Gate Dr, Yorba Linda, CA 92886	shareholder	01/12/2024	200.00	board fee reimbursement
Michael Hall	6355 Golden Gate Dr, Yorba Linda, CA 92886	shareholder	01/31/2024	883.33	note interest
Michael Hall	6355 Golden Gate Dr, Yorba Linda, CA 92886	shareholder	02/05/2024	2,833.33	note interest
Michael Hall	6355 Golden Gate Dr, Yorba Linda, CA 92886	shareholder	03/11/2024	1,950.00	note interest
Michael Hall	6355 Golden Gate Dr, Yorba Linda, CA 92886	shareholder	04/04/2024	1,950.00	note interest
Michael Hall	6355 Golden Gate Dr, Yorba Linda, CA 92886	shareholder	05/03/2024	1,950.00	note interest
Michael Hall	6355 Golden Gate Dr, Yorba Linda, CA 92886	shareholder	06/04/2024	1,950.00	note interest
Michael Hall	6355 Golden Gate Dr, Yorba Linda, CA 92886	shareholder	06/07/2023	1,550.00	note interest
Dennis Ponzio	326 S Whitestone Dr, Anaheim, CA 92807	shareholder	08/07/2023	1,550.00	note interest
Dennis Ponzio	326 S Whitestone Dr, Anaheim, CA 92807	shareholder	09/01/2023	1,550.00	note interest
Dennis Ponzio	326 S Whitestone Dr, Anaheim, CA 92807	shareholder	10/03/2023	1,550.00	note interest
Dennis Ponzio	326 S Whitestone Dr, Anaheim, CA 92807	shareholder	10/05/2023	906.00	board fee reimbursement
Dennis Ponzio	326 S Whitestone Dr, Anaheim, CA 92807	shareholder	11/02/2023	1,550.00	note interest
Dennis Ponzio	326 S Whitestone Dr, Anaheim, CA 92807	shareholder	12/04/2023	1,550.00	note interest
Dennis Ponzio	326 S Whitestone Dr, Anaheim, CA 92807	shareholder	01/05/2024	1,550.00	note interest
Dennis Ponzio	326 S Whitestone Dr, Anaheim, CA 92807	shareholder	02/05/2024	1,550.00	note interest
Dennis Ponzio	326 S Whitestone Dr, Anaheim, CA 92807	shareholder	03/11/2024	1,550.00	note interest
Dennis Ponzio	326 S Whitestone Dr, Anaheim, CA 92807	shareholder	04/04/2024	1,550.00	note interest
Dennis Ponzio	326 S Whitestone Dr, Anaheim, CA 92807	shareholder	05/03/2024	1,550.00	note interest
Dennis Ponzio	326 S Whitestone Dr, Anaheim, CA 92807	shareholder	06/04/2024	1,550.00	note interest
Gregg DeNicola	7548 E. Angel View, Orange, CA 92869	CEO	11/02/2023	9,680.16	principal and interest
Gregg DeNicola	7548 E. Angel View, Orange, CA 92869	CEO	12/04/2023	9,680.16	principal and interest
Gregg DeNicola	7548 E. Angel View, Orange, CA 92869	CEO	01/26/2024	10,652.40	principal and interest
Gregg DeNicola	7548 E. Angel View, Orange, CA 92869	CEO	02/29/2024	10,652.40	principal and interest
Gregg DeNicola	7548 E. Angel View, Orange, CA 92869	CEO	03/28/2024	10,652.40	principal and interest
Gregg DeNicola	7548 E. Angel View, Orange, CA 92869	CEO	04/15/2024	10,652.40	principal and interest
Gregg DeNicola	7548 E. Angel View, Orange, CA 92869	CEO	05/27/2024	10,652.40	principal and interest
Gregg DeNicola	7548 E. Angel View, Orange, CA 92869	CEO	06/30/2024	10,652.40	principal and interest

Debtor **Caduceus Physicians Medical Group, a Professional
Medical Corporation**

Case number (if known) **8:24-bk-11945-TA**

☒ None

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss <small>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</small>	Dates of loss	Value of property lost
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Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1.	Grobstein Teeple LLP 23832 Rockfield Blvd. Suite 245 Lake Forest, CA 92630		6/28/2024	\$20,000.00
	Email or website address			
	Who made the payment, if not debtor?			
11.2.	Grobstein Teeple LLP 23832 Rockfield Blvd. Suite 245 Lake Forest, CA 92630		7/8/2024	\$10,000.00
	Email or website address			
	Who made the payment, if not debtor?			

Debtor **Caduceus Physicians Medical Group, a Professional
Medical Corporation**

Case number (if known) **8:24-bk-11945-TA**

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.3.	Grobstein Teeple LLP 23832 Rockfield Blvd. Suite 245 Lake Forest, CA 92630		7/9/2024	\$40,000.00
	Email or website address			
	Who made the payment, if not debtor?			
11.4.	Grobstein Teeple LLP 23832 Rockfield Blvd. Suite 245 Lake Forest, CA 92630		7/26/2024	\$40,000.00
	Email or website address			
	Who made the payment, if not debtor?			
11.5.	Marshack Hays Wood LLP 870 Roosevelt Irvine, CA 92602			\$83,476.00
	Email or website address			
	Who made the payment, if not debtor?			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☐ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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Part 7: Previous Locations

14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

Debtor **Caduceus Physicians Medical Group, a Professional
Medical Corporation**

Case number (if known) **8:24-bk-11945-TA**

☒ Does not apply

Address

Dates of occupancy
From-To

Part 8: Health Care Bankruptcies

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☐ No. Go to Part 9.

☒ Yes. Fill in the information below.

	Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.1.	Caducues Medical Group 18200 Yorba Linda Suite 250 Yorba Linda, CA 92886	Family practice, physical therapy, and specialist care Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. Greenway - 4301 West Boy Scout Blvd, Suite 800, Tampa, FL 33607; Compugroup - 3838 N Central Ave, Suite 1600, Phoenix, AZ 85012; Office Ally - PO BOX 872020, Vancouver, WA 98687; Nextgen Healthcare - 18111 Von Karman Ave, Suite 600, Irvine, CA 92612; Iron Mountain Records Management - PO Box 601002, Pasadena, CA 91189	How are records kept? <i>Check all that apply:</i> <input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper
15.2.	Caducues Medical Group 333 Thalia Street Laguna Beach, CA 92651	Family practice, physical therapy, and specialist care Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. Greenway - 4301 West Boy Scout Blvd, Suite 800, Tampa, FL 33607; Compugroup - 3838 N Central Ave, Suite 1600, Phoenix, AZ 85012; Office Ally - PO BOX 872020, Vancouver, WA 98687 ; Nextgen Healthcare - 18111 Von Karman Ave, Suite 600, Irvine, CA 92612 ; Iron Mountain Records Management - PO Box 601002, Pasadena, CA 91189	How are records kept? <i>Check all that apply:</i> <input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper
15.3.	Caducues Medical Group 19742 MacArthur Blvd. Suite 100 Irvine, CA 92612	Family practice, physical therapy, and specialist care Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. Greenway - 4301 West Boy Scout Blvd, Suite 800, Tampa, FL 33607; Compugroup - 3838 N Central Ave, Suite 1600, Phoenix, AZ 85012; Office Ally - PO BOX 872020, Vancouver, WA 98687; Nextgen Healthcare - 18111 Von Karman Ave, Suite 600, Irvine, CA 92612 ; Iron Mountain Records Management - PO Box 601002, Pasadena, CA 91189	How are records kept? <i>Check all that apply:</i> <input checked="" type="checkbox"/> Electronically

Debtor **Caduceus Physicians Medical Group, a Professional Medical Corporation**

Case number (if known) **8:24-bk-11945-TA**

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care <input type="checkbox"/> Paper
15.4. PDQ Urgent Care & More 18220 Yorba Linda Blvd. Suite 301 Yorba Linda, CA 92886	Family practice, physical therapy, and specialist care Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. Greenway - 4301 West Boy Scout Blvd, Suite 800, Tampa, FL 33607; Compugroup - 3838 N Central Ave, Suite 1600, Phoenix, AZ 85012; Office Ally - PO BOX 872020, Vancouver, WA 98687; Nextgen Healthcare - 18111 Von Karman Ave, Suite 600, Irvine, CA 92612; Iron Mountain Records Management - PO Box 601002, Pasadena, CA 91189	How are records kept? <i>Check all that apply:</i> <input type="checkbox"/> Electronically <input type="checkbox"/> Paper

Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

- ☐ No.
☒ Yes. State the nature of the information collected and retained.

Patient social security, address, insurance and health records

Does the debtor have a privacy policy about that information?

- ☐ No
☒ Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☐ No. Go to Part 10.
☒ Yes. Does the debtor serve as plan administrator?

☐ No Go to Part 10.

☒ Yes. Fill in below:

Name of plan

Caduceus Physicians Medical Group 401(k) Plan

Employer identification number of the plan

EIN: **33-0831413**

Has the plan been terminated?

- ☒ No
☐ Yes

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer

19. Safe deposit boxes

Debtor **Caduceus Physicians Medical Group, a Professional
Medical Corporation**

Case number (if known) **8:24-bk-11945-TA**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Does debtor still have it?
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20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
Allsize Self Storage 17357 Los Angeles St. Yorba Linda, CA 92886	Debtor		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Iron Mountain 205 W. Bluebridge Avenue Orange, CA 92865	Debtor		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No.
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No.
☐ Yes. Provide details below.

Debtor **Caduceus Physicians Medical Group, a Professional
Medical Corporation**

Case number (if known) **8:24-bk-11945-TA**

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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Part 13: Details About the Debtor's Business or Connections to Any Business

25. **Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.	Dates business existed
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26. **Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- ☐ None

Name and address	Date of service From-To
26a.1. Leon Zhang, Sal Kureh, and Kevin Cloward CAPATA 28202 Cabot Rd. Suite 525 Laguna Niguel, CA 92677	

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

- ☐ None

Name and address	Date of service From-To
26b.1. CAPATA Leo Zhang, Sal Kureh, and kevin Cloward 28202 Cabot Rd. Suite 525 Laguna Niguel, CA 92677	

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

- ☐ None

Name and address	If any books of account and records are unavailable, explain why
26c.1. Marcy Toner 18200 Yorba Linda Blvd., Suite 111 Yorba Linda, CA 92826	

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

- ☐ None

Debtor **Caduceus Physicians Medical Group, a Professional
Medical Corporation**

Case number (if known) **8:24-bk-11945-TA**

Name and address

26d.1. **Rise**
244 Biscayne Boulevard N 4903
Miami, FL 33132

26d.2. **Lendspark**
2554 Gateway Road
Carlsbad, CA 92009

26d.3. **Backd**
1949 S 1-35 Frontage
Austin, TX 78741

26d.4. **Sutton Financial**
Prospect Medical Group
600 City Pkwy W Suite 1000
Orange, CA 92868

26d.5. **Optum Healthcare**
11000 Optum Circle
Eden Prairie, MN 55344

26d.6. **Prospect Medical Group**
600 City Parkway West
Suite 1000
Orange, CA 92868

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

**Name of the person who supervised the taking of the
inventory**

Date of inventory

**The dollar amount and basis (cost, market,
or other basis) of each inventory**

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Gregg DeNicola	7548 Angel View Terrace Orange, CA 92869	CEO	0

Name	Address	Position and nature of any interest	% of interest, if any
Ray Weaver	108 Grazie Irvine, CA 92602	Strategic Growth Partner	0

Name	Address	Position and nature of any interest	% of interest, if any
Monique Wusstig	3007 Geraldo San Clemente, CA 92673	CEO and COO	0

Name	Address	Position and nature of any interest	% of interest, if any
Marcy Toner	7900 E. Woodsboro Ave Anaheim, CA 92807	CFO	0

Name	Address	Position and nature of any interest	% of interest, if any
Michael Hall	6355 Golden Gate Drive Yorba Linda, CA 92886	Shareholder	50%

Debtor **Caduceus Physicians Medical Group, a Professional
Medical Corporation**Case number (if known) **8:24-bk-11945-TA**

Name	Address	Position and nature of any interest	% of interest, if any
Dennis Ponzio, M.D.	326 Whitestone Dr. Anaheim, CA 92807	Shareholder	41.38%
Thomas Parsa	2864 E. Imperial Hwy Brea, CA 92821	Shareholder	8.62%
Nathanial DeNicola	7548 Angel View Terr Orange, CA 92869	CMO	0

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☒ No
☐ Yes. Identify below.

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No
☒ Yes. Identify below.

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1	Dennis Ponzio, M.D. 326 Whitestone Dr. Anaheim, CA 92807	\$186,000.00	Within 1 year of filing of petition	Annual Salary
	Relationship to debtor Shareholder			
30.2	Dennis Ponzio, M.D. 326 Whitestone Dr. Anaheim, CA 92807	\$13,322.00	Within 1 year of filing of petition	Insurance Reimbursement
	Relationship to debtor Shareholder			
30.3	Dennis Ponzio, M.D. 326 Whitestone Dr. Anaheim, CA 92807	\$1,150.00	Within 1 year of filing of petition	Medical License
	Relationship to debtor Shareholder			
30.4	Gregg DeNicola 7548 Angel View Terrace Orange, CA 92869	\$321,481.00	Within 1 year of filing of petition	Salary/Consulting
	Relationship to debtor Officer			

Debtor **Caduceus Physicians Medical Group, a Professional
Medical Corporation**

Case number (if known) **8:24-bk-11945-TA**

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.5	Gregg DeNicola 7548 Angel View Terrace Orange, CA 92869	\$4,636.44	Within 1 year of filing of petition	Medical Benefits
	Relationship to debtor Officer			
30.6	Nathanial DeNicola 7548 Angel View Terr Orange, CA 92869	\$290,830.00	Within 1 year of filing of petition	Annual Salary
	Relationship to debtor Officer			
30.7	Nathanial DeNicola 7548 Angel View Terr Orange, CA 92869	\$47,257.00	Within 1 year of filing of petition	Insurance Reimbursement
	Relationship to debtor Officer			
30.8	Nathanial DeNicola 7548 Angel View Terr Orange, CA 92869	\$1,150.00	Within 1 year of filing of petition	Medical License
	Relationship to debtor Officer			
30.9	Marcy Toner 7900 E. Woodsboro Ave Anaheim, CA 92807	\$139,859.40	Within 1 year of filing of petition	Annual Salary
	Relationship to debtor Officer			
30.10	Marcy Toner 7900 E. Woodsboro Ave Anaheim, CA 92807	\$183.36	Within 1 year of filing of petition	Medical Benefits
	Relationship to debtor Officer			
30.11	Mary DeNicola 7548 E. Angel View Orange, CA 92869	\$211,500.00	Within 1 year of filing of petition	Annual Salary
	Relationship to debtor Gregg DeNicola's Spouse			
30.12	Mary DeNicola 7548 E. Angel View Orange, CA 92869	\$6,205.28	Within 1 year of filing of petition	Medical Benefits
	Relationship to debtor Gregg DeNicola's Spouse			

Debtor **Caduceus Physicians Medical Group, a Professional
Medical Corporation**

Case number (if known) **8:24-bk-11945-TA**

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1 3.	Mary DeNicola 7548 E. Angel View Orange, CA 92869	\$1,150.00	Within 1 year of filing of petition	Medical License
	Relationship to debtor Gregg DeNicola's Spouse			
30.1 4.	Michael Hall 6355 Golden Gate Drive Yorba Linda, CA 92886	\$230,000.00	Within 1 year of filing of petition	Annual Salary
	Relationship to debtor Shareholder			
30.1 5.	Michael Hall 6355 Golden Gate Drive Yorba Linda, CA 92886	\$32,986.00	Within 1 year of filing of petition	Insurance Reimbursement
	Relationship to debtor Shareholder			
30.1 6.	Michael Hall 6355 Golden Gate Drive Yorba Linda, CA 92886	\$1,150.00	Within 1 year of filing of petition	Medical License
	Relationship to debtor Shareholder			
30.1 7.	Monique Wusstig 3007 Geraldo San Clemente, CA 92673	\$116,66.71	Within 1 year of filing of petition	Annual Salary
	Relationship to debtor Officer			
30.1 8.	Monique Wusstig 3007 Geraldo San Clemente, CA 92673	\$183.36	Within 1 year of filing of petition	Medical Benefits
	Relationship to debtor Officer			
30.1 9.	Raymond Weaver 108 Grazie Irvine, CA 92602	\$168,917.00	Within 1 year of filing of petition	Annual Salary
	Relationship to debtor Officer			
30.2 0.	Raymond Weaver 108 Grazie Irvine, CA 92602	\$4,339.68	Within 1 year of filing of petition	Medical Benefits
	Relationship to debtor Officer			

Debtor **Caduceus Physicians Medical Group, a Professional
Medical Corporation**

Case number (if known) **8:24-bk-11945-TA**

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent
corporation

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Name of the pension fund

Employer Identification number of the pension
fund


Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on September 3, 2024


Signature of individual signing on behalf of the debtor

Howard Grobstein
Printed name

Position or relationship to debtor CRO

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☒ No
☐ Yes

United States Bankruptcy Court
Central District of California

In re **Caduceus Physicians Medical Group, a Professional Medical Corporation**

Debtor(s)

Case No. **8:24-bk-11945-TA**

Chapter **11**

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	<u>83,476 ***</u>
Prior to the filing of this statement I have received	\$	<u>57,614</u>
Balance Due	\$	<u>0.00</u>

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

September 4, 2024

Date

/s/ David A. Wood

David A. Wood

Signature of Attorney

MARSHACK HAYS WOOD LLP

870 Roosevelt

Irvine, CA 92620-3663

(949) 333-7777 Fax: (949) 333-7778

dwood@marshackhays.com

Name of law firm

*****This case is joint and several.**

Attorney or Party Name, Address, Telephone & FAX Nos., and State Bar No. & Email Address David A. Wood 870 Roosevelt Irvine, CA 92620-3663 (949) 333-7777 Fax: (949) 333-7778 California State Bar Number: 272406 CA dwood@marshackhays.com	FOR COURT USE ONLY
<p align="center">UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA</p>	
In re: Caduceus Physicians Medical Group, a Professional Medical Corporation <div style="text-align: right;">Debtor(s),</div> <div style="text-align: right;">Plaintiff(s),</div> <div style="text-align: right;">Defendant(s).</div>	CASE NO.: 8:24-bk-11945-TA ADVERSARY NO.: CHAPTER: 11 <div style="text-align: center;">CORPORATE OWNERSHIP STATEMENT PURSUANT TO FRBP 1007(a)(1) and 7007.1, and LBR 1007-4</div> <div style="text-align: right;">[No hearing]</div>

Pursuant to FRBP 1007(a)(1) and 7007.1, and LBR 1007-4, any corporation, other than a governmental unit, that is a debtor in a voluntary case or a party to an adversary proceeding or a contested matter shall file this Statement identifying all its parent corporations and listing any publicly held company, other than a governmental unit, that directly or indirectly own 10% or more of any class of the corporation's equity interest, or state that there are no entities to report. This Corporate Ownership Statement must be filed with the initial pleading filed by a corporate entity in a case or adversary proceeding. A supplemental statement must promptly be filed upon any change in circumstances that renders this Corporate Ownership Statement inaccurate.

I, **David A. Wood**, the undersigned in the above-captioned case, hereby declare
 (Print Name of Attorney or Declarant)
 under penalty of perjury under the laws of the United States of America that the following is true and correct:

[Check the appropriate boxes and, if applicable, provide the required information.]

1. I have personal knowledge of the matters set forth in this Statement because:
- ☐ I am the president or other officer or an authorized agent of the Debtor corporation
 - ☐ I am a party to an adversary proceeding
 - ☐ I am a party to a contested matter
 - ☒ I am the attorney for the Debtor corporation
- 2.a. ☐ The following entities, other than the debtor or a governmental unit, directly or indirectly own 10% or more of any class of the corporation's(s') equity interests:
[For additional names, attach an addendum to this form.]
- b. ☒ There are no entities that directly or indirectly own 10% or more of any class of the corporation's equity interest.

September 4, 2024

Date

By: /s/ David A. Wood

Signature of Debtor, or attorney for Debtor

Name: **David A. Wood**

Printed name of Debtor, or attorney for Debtor

Attorney or Party Name, Address, Telephone & FAX Nos., State Bar No. & Email Address	FOR COURT USE ONLY
David A. Wood 870 Roosevelt Irvine, CA 92620-3663 (949) 333-7777 Fax: (949) 333-7778 272406 CA dwood@marshackhays.com	
<input type="checkbox"/> Individual appearing without attorney <input checked="" type="checkbox"/> Attorney for Debtor	
UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA	
In re: Caduceus Physicians Medical Group, a Professional Medical Corporation	CASE NO.: 8:24-bk-11945-TA CHAPTER: 11
Debtor(s)	SUMMARY OF AMENDED SCHEDULES, MASTER MAILING LIST, AND/OR STATEMENTS [LBR 1007-1(c)]

A filing fee is required to amend Schedules D, or E/F (see Abbreviated Fee Schedule on the Court's website www.cacb.uscourts.gov). A supplemental master mailing list (do not repeat any creditors on the original) is also required as an attachment if creditors are being added to the Schedule D or E/F. Are one or more creditors being added? ☒ Yes ☐ No

The following schedules, master mailing list or statements (check all that apply) are being amended:

- ☐ Schedule A/B ☐ Schedule C ☐ Schedule D ☐ Schedule E/F ☐ Schedule G
☐ Schedule H ☐ Schedule I ☐ Schedule J ☐ Schedule J-2 ☐ Statement of Financial Affairs
☐ Statement About Your Social Security Number(s) ☐ Statement of Intentions ☒ Master Mailing List
☐ Other (specify) _____

I/we declare under penalty of perjury under the laws of the United States that the amended schedules, master mailing list, and or statements are true and correct.

Date: **September 3, 2024**


Howard Grobstein
Debtor 1 Signature

Debtor 2 (Joint Debtor) Signature (if applicable)

NOTE: It is the responsibility of the Debtor, or the Debtor's attorney, to serve copies of all amendments on all creditors listed in this Summary of Amended Schedules, Master Mailing List, and/or Statements, and to complete and file the attached Proof of Service of Document.

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